

a new इpring of college life





CLASS ROOM

INDUSTRIAL TRAINING

LABORATORY



PICNIC



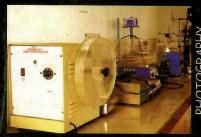
CULTURAL EVENTS



COMMON ROOM



SPORTS

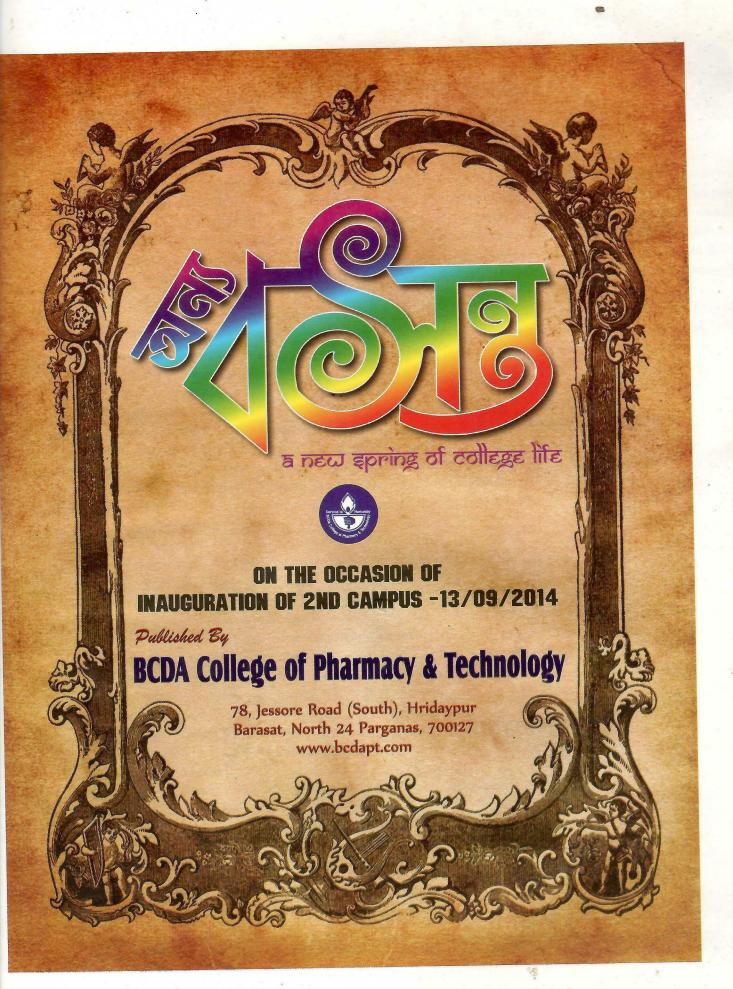






Published By

BCDA College of Pharmacy & Technology



Message



I am delighted to learn that the students of BCDA College of Pharmacy and Technology are bringing out the 2nd issue of the college Magazine on the inauguration day of the second campus, fulfilling of the hopes and aspirations of Teachers, supporting non-teaching staff and the management. We all must understand the activities of this institute must improve the quality of life of the local people and children of locality are motivated to become a student of this institute. I am sure that technology is for creation and not destruction. My messages are to all to make this institute a centre of excellence. As the Governing bodies of the two institutes are the same the laurels of the first campus should act as a catalysts of the second campus students. Thus inaugural magazine is to express their creative ideas into writing. I am told that the Editorial Board will be ornamented by learned teachers of proven ability and students with flair for writing. I welcome this historic event.

I would take this opportunity of congratulating those students who brought laurels to their Alma Mater. This is the outcome of team work between the students and teachers. I am proud of my teachers who guided the students to their successful destination of professional career .I would be failing in my duty if I do not highlight those beautiful roses in the garden of BCDA college Pharmacy:

Batch 2010 to 2014

Kumari Itika Agarwal

Ranked 1st, WBUT Gold Medalist. Qualified, GPAT, Presently studying M.Pharm in Jadavpur University

Mr. Abhisek Singh

Qualified, GPAT, Presently studying M.Pharm in IIT Banras Hindu University U.P

Mr. Arpan Mohanty, Mr. Parikshit Banerjee, Mr Arka Sen Chowdhury

Awardea Chaines scholarship, enrolled Chaina Pharmaceutical University, Chaina

Batch 2009 to 2013

Mr. Arijit Ghosh

Awardea Chaines scholarship, enrolled Chaina Pharmaceutical University, Chaina

Batch 2007 to 2011

Kumari Dalia Dutta

Ranked 1st, WBUT Gold Medalist. Awarded by IPA ,Bengal Branch for 1st position among the students of WBUT, Jadvpur University and West Bengal University of Health Science. Qualified, GPAT, Presently studying M.Pharm

Kumari Trisha Ghosh

Studying MS in Advance Material Science & Engineering in HANSEO University, South Korea, she is at present in Australia for her Ph.D scholar. Ranked 3rd in WBUT

Batch 2006 to 2010

Mr. Bipradeb Singha

Studying MS/Ph.D.(in Biological Science) in St.Johns University, USA, Full Scholarship \$17000 Annualy

Mr.Piyush Agarwal

Stood second (B.Pharm) in 2010, under WBUT, Presently is an employee of Himalaya Healthcare

Kumari Pooja Sarkar

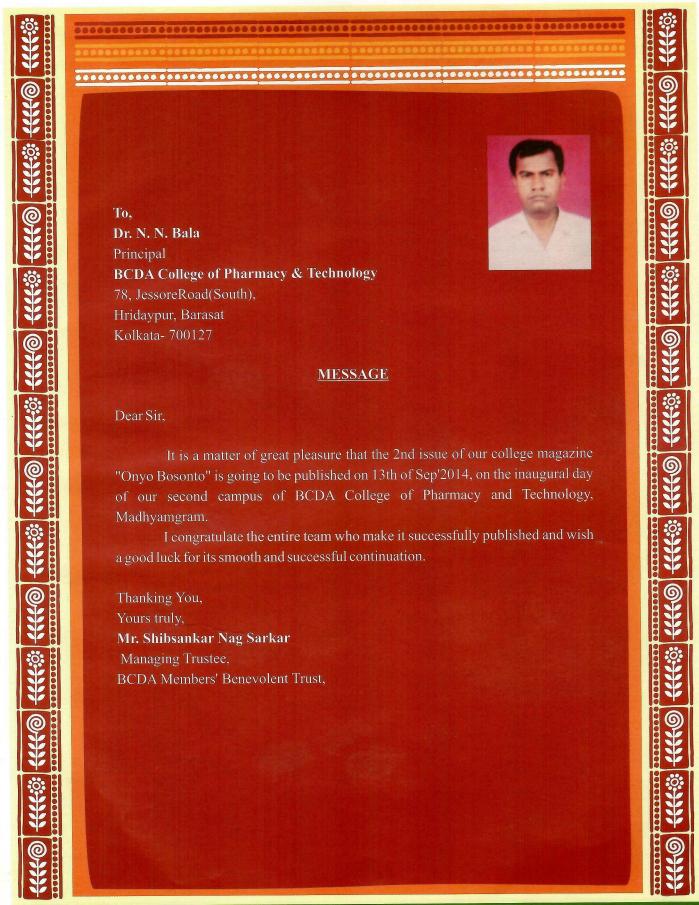
Qualified, GPAT, Presently studying M. Pharm in BIT, Mesra with Scholarship.

Current Batch 2008 to 2012 I am confident will do equally proving, 'East or west BCDA is the Best'

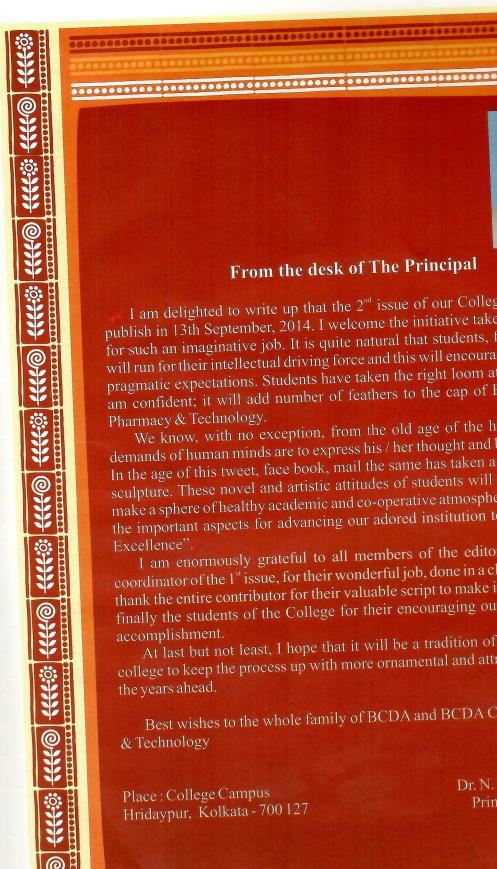
I wish your endeavour a thumping success.

(Prof. B. K. Gupta),

Former: Head -Dept. Of Pharmaceutical Technology, JADAVPUR UNIVERSITY









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From the desk of The Principal

I am delighted to write up that the 2nd issue of our College magazine is to publish in 13th September, 2014. I welcome the initiative taken by the students for such an imaginative job. It is quite natural that students, faculties and staff will run for their intellectual driving force and this will encouraged others uphold pragmatic expectations. Students have taken the right loom at the right time. I am confident; it will add number of feathers to the cap of BCDA College of Pharmacy & Technology.

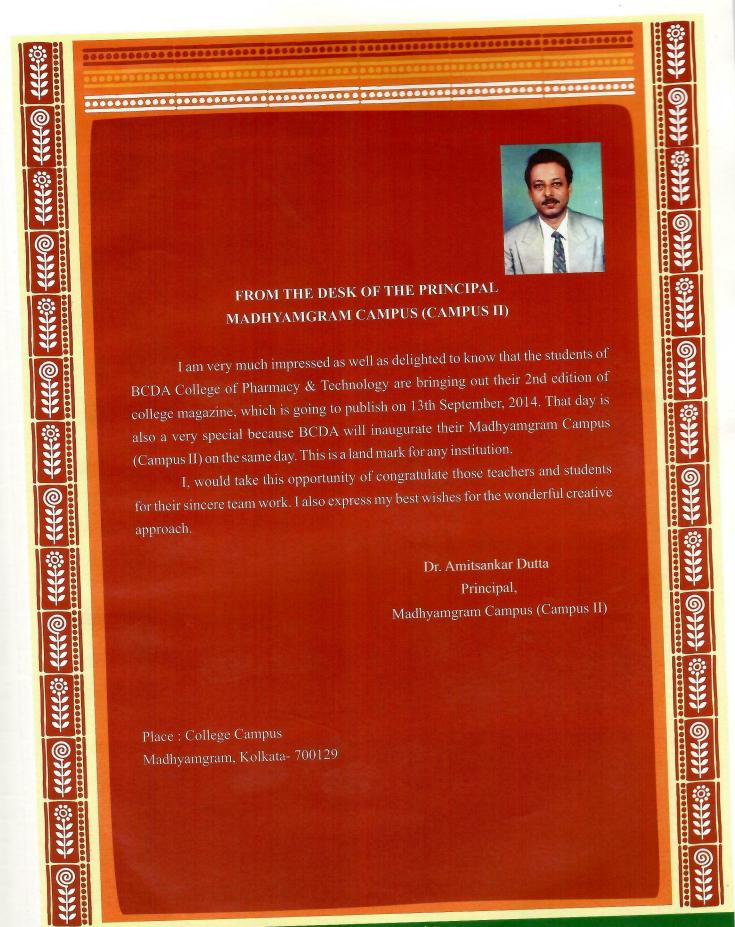
We know, with no exception, from the old age of the history, the natural demands of human minds are to express his / her thought and belief in language. In the age of this tweet, face book, mail the same has taken a shape of different sculpture. These novel and artistic attitudes of students will encourage a lot to make a sphere of healthy academic and co-operative atmosphere, which is one of the important aspects for advancing our adored institution towards "Centre of

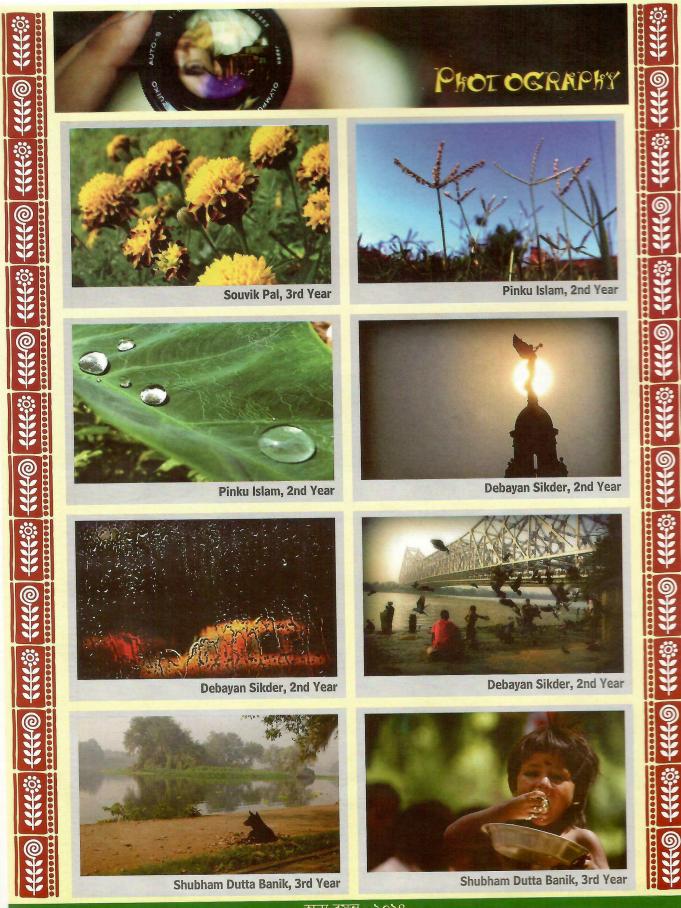
I am enormously grateful to all members of the editorial board and the coordinator of the 1st issue, for their wonderful job, done in a classy manner. I also thank the entire contributor for their valuable script to make it as successful one, finally the students of the College for their encouraging outlook for the intact accomplishment.

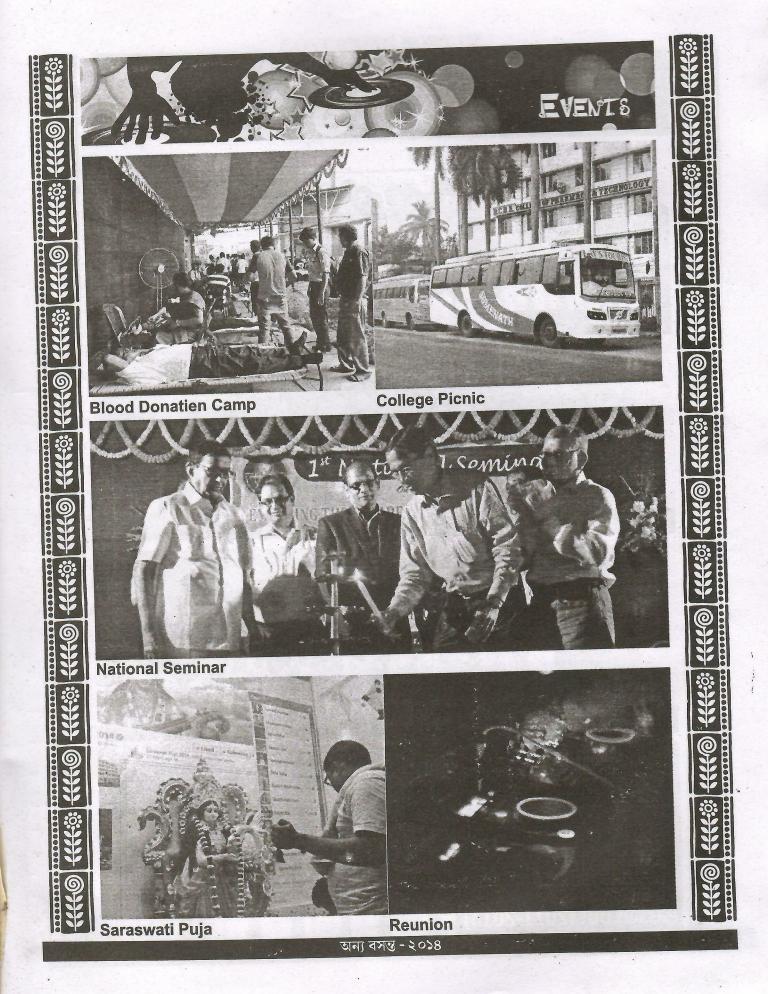
At last but not least, I hope that it will be a tradition of the students of the college to keep the process up with more ornamental and attractive approach, in

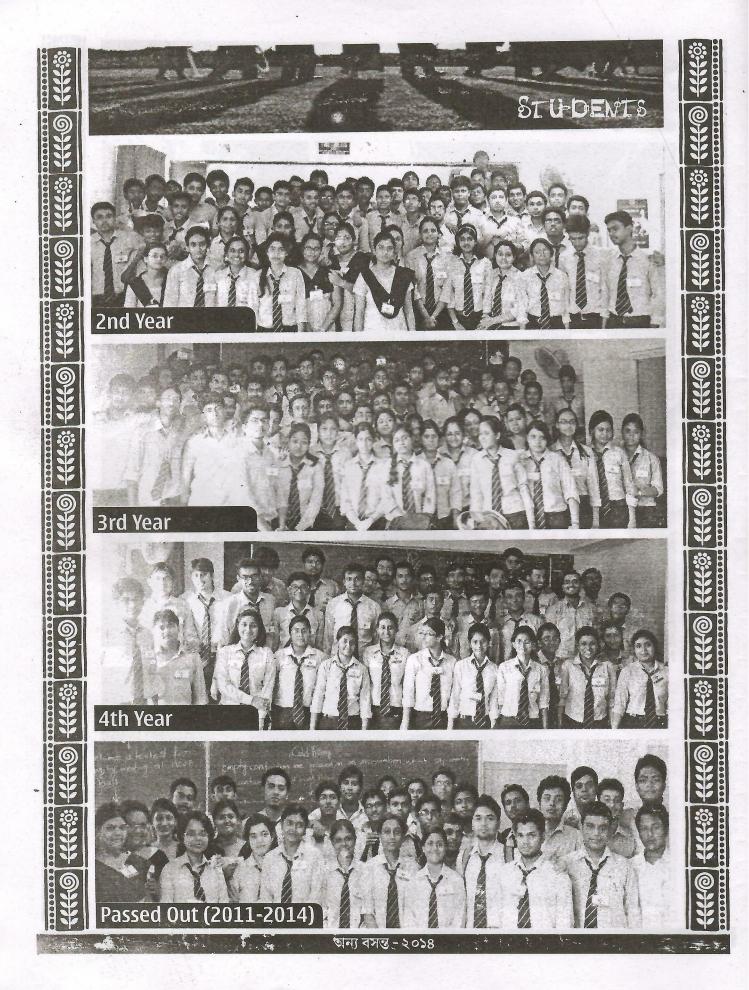
Best wishes to the whole family of BCDA and BCDA College of Pharmacy

Place: College Campus Hridaypur, Kolkata - 700 127 Dr. N. N. Bala Principal









GOVERNING BODY OF BCDA COLLEGE OF PHARMACY & TECHNOLOGY

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Director, Institute of Health & Family Welfare, Kolkata, Honorable Member

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Additional Director, Directorate of Technical Education, Govt. of West Bengal, Honorable Member

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Professor, Govt College of Engineering & Technology, Serampore, Honorable Member

14. Dr.NityanandaMondal

Faculty Nominee, Honorable Member

15. Dr. N. N. Bala

Principal & Member Secretary to the Governing Body.



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- * The Publishing House, Desk Top Publisher & Graphics Designer
- * All The Students of BCDA College of Pharmacy & Technology (Specially Souvik Pal, Ayan Hazra & Sibasish Dey)

FACULTIES MEMBERS OF BCDA COLLEGE OF PHARMACY & TECHNOLOGY

PRINCIPAL:- Prof. Dr. N. N. Bala, M. Pharm (D.U), Ph.D.(J.U), DHA, PGDBA

Faculty Members

NAME	DESIGNATION	QUALIFICATION
Dr. G. Mukhopadhyay	Associate Prof.	M.Pharm., Ph.D(J.U)
Dr. G. Nandi	Associate Prof.	M.Pharm., Ph.D(J.U)
Dr. N. Mondal	Associate Prof.	M.Pharm., Ph.D(J.U)
Mr. S. Goon	Asstt.Prof.	MCA(BPUT), M.Tech. (BIT,MESRA)
Dr. Mrs. S. Chowdhury	Asstt.Prof.	M.Pharm(BPUT), Ph.D
Mr. S. Rath	Asstt.Prof.	M.Pharm(U.U), Ph.D(Thesis submitted WBU)
Mr. A. Dey	Asstt.Prof.	M.Pharm(A.U.,Chennai)
Mr. S. Chakraborty	Asstt.Prof.	M.Pharm(RGUHS)
Mr. P. P. Mahato	Asstt.Prof.	M.Pharm(J.U)
Mrs. K. Majumder	Asstt.Prof.	M.Pharm(WBUT)
Ms. S. Patra	Asstt.Prof.	M. Pharm(WBUT)
Mr. M. K. Maiti	Asstt.Prof.	M. Pharm(J.U.)
Mrs. P. Chakraborty	Asstt.Prof.	M.Pharm(J.U)
Mr. P. Dasgupta	Asstt.Prof.	M.Pharm(SRU, CHENNAI)
Mr. Sanjiban U. Sarkar	Asstt.Prof.	M.Pharm(N.U.)
Ms. Koyel Kar	Asstt.Prof.	M.Pharm (J.S.S., Mysore)
Ms. A. Dasgupta (*)	Asstt.Prof.	M.A. (Eng.,RBU)
Ms. M. Mukherjee (*)	Asstt.Prof.	M. Sc. (Math, WBSU)
Mr. A. Mukherjee (*)	Asstt.Prof.	B.Pharm, (B.U), M.B.A

BCDA College of Pharmacy & Technology in its Present Status

Dr.N.N.BALA, Principal

I am closely acquainted to the Bengal Chemists & Druggists Association (BCDA) since 2000. As I heard, from different sources respected late Mr. Atul Dutta was the brain behind the establishment of BCDA College of Pharmacy & Technology in the late twentieth century, though no formal name was proposed at that time and it did not materialized at his life time. Later on in the beginning of 21st century the then president of BCDA Mr. Bipin D. Meheta, Mr. Samir Ranjan Das and Mr. Tushar Chakraborty respectively past and present Honorary General Secretary of the BCDA, and few to be named took the initiative to accomplish the dream dreamt by late Mr. Atul Dutta. It was 2006 the College started at 78, Jessore Road (S), Hridaypur, Barasat, Kolkata-700127. It makes a happier journey to the mind of the all members of the BCDA and till date it is fulfilling the aspiration of a lot.

At the first batch we got admission of full sixty students in roll. We were very caring to all of them, like the first children of a family. It was very hard time specially those were outsiders and stayed in the rented accommodation. At that time there were four young faculties who joined as lecturer to teach the first batch of students. Though they were young and inexperienced but very disciplined and talented, they under the guidance of incumbent Principal shown the right path for the successive faculties. Now, we have altogether sixteen regular and three contractual part time faculties' for this College and that convention is sustained. Along with study co-curricular activities were celebrated from the first year of the establishment.

It was the tradition of the College of arranging one seminar in every year till 2012 and I am very happy to say from 2013, it is enhanced to four in number in every academic year and even there have a proposal of arranging six in a year. The trust has encouraged and assured fund will not be constrain for that, however, we are also trying in getting seminar grant from AICTE/PCI and other sources as permissible in the norms. It will cheer the faculties and student to rejuvenate the academic mind for over all development and also will play an important role to be familiar with more industry people and institute of higher education. I am sincerely grateful to the authority for its interest towards the matter. As desired by our hon'ble Managing Trustee Mr. Shibsankar Nag Sarkar, the College also advanced its classes schedule shortening summer and winter recess, it is expected that students will explore this facility for their better academic interest of the students, though it will be applicable only for 1st and 2nd year and not for 3nd and 4nd year due to their schedule industrial training.

All of you must be aware that ragging is engulfing the healthy environment of Institute, in the beginning of the session each and every day reports noted frequently in different news channel and daily newspaper, and which is shocking to all corner of the civil society, but you will feel proud to known that our one is ragging free Institute and it was possible for the attitude of the students of first batch who approached to the fresher of each batch how to make a family member of an stranger, besides this till date the institute got co-operation from all quarter including Managing Trustee, other member of the trust, Honorary General Secretary BCDA, faculty and

other staff, and specially faculties who are keeping a tight watch to the matter as per resolution of the Anti-Ragging Committee (ARC). We are very proud to say that the College is totally ragging free one and academic environment is uphold through a jovial relation among seniors and juniors. Teachers & staff are playing a noteworthy role in maintaining the same.

As we noted at different stage, the academic activities are regulated and approved by the few regulatory authorities, those are All India Council for Technical Education(AICTE), Pharmacy Council of India (PCI), West Bengal University of Technology) WBUT, you will be please to know the College got continuous approval and affiliation of the said bodies with appreciation. For running the College there are also few committees who advised and monitored and the activities periodically, out of these the Governing Body (GB) is the supreme one, is headed by emeritus professor, Prof. B. K. Gupta and the has adequate representation from Govt. of West Bengal, WBUT and AICTE the meeting of the GB held quarterly in each academic year monitoring the guidelines on the agenda point as directed by the Govt. of West Bengal for different schedule. The other bodies are academic advisors Committee (AAC) headed by Prof. B.K.Gupta and members are luminary Professor of the renowned Institution/ Universities. Another body is Institutional Animal Ethics Committee (IACE), formed as per norms of the Ministry of Environment & Forests Govt. of India.

It is the routine since 2006; we have faculty council meeting in regular basis and discuss every point of academic activities and further possible development. Each and every faculty is heard in all meetings. From day of established till date such sixty two numbers of meetings are held and resolutions are recorded. These in fact involve the faculties honor and encourage them for working with their dedication and discipline.

The College is in tune to the norms in respect to the selection of faculties & laboratories technician as and when it is required, the same is done by a competent selection committee as per norms of the AICTE & WBUT. The College award Late Mr. Atul Dutta Award to the meritorious students of each batch for which his daughter Prof.Dr.(Mrs.) BahniChakraborty has donated a sum of rupees one lac seven thousands, of which the interest are to be awarded as scholarship annually to the meritorious students.

As of now, the BCDA College of Pharmacy & Technology is being proud of producing few academic brilliants at the UG levels under West Bengal University of Technology. One of our first batch students Mr. Piyush Agarwal ranked 2nd and awarded silver medal in 2010, by the WBUT. In second batch our student Ms. Dalia Dutta ranked first and awarded gold medal in 2011 by the same university, Dalia Dutta also was awarded "M.N.Dev Memorial Award" by the Indian Pharmaceutical Association, Bengal Branch for scoring highest marks out of all universities in West Bengal, like Jadavpur University, West Bengal University of Health Sciences and WBUT itself. Another student Ms. Trisha Ghosh ranked 3nd are awarded bronze by the WBUT in the same year. She is also awarded scholarship for her MS / Ph.D in the Hanseo University in Republic of South Korea, now she is Australia for doctoral research. Among others who are in abroad for higher studies Mr. BipradebSingha awarded scholarship and studying MS / Ph.D in St.JohnsUniversity, USA and awarded Atul Krishna Dutta memorial award. Ms. TandraPanja awarded scholarship for MS/Ph.D in Korea University,

Republic of Korea. Mr. Arijit Ghosh awarded scholarship for PG &Ph.D from the Chinese Pharmaceutical University, Chaina in year 2013, one of our student MsItika Agarwal ranked 1st position in WBUT in 2014, and we are expecting she is the Bengal topper like Ms Dalia Dutta of 2011, four of our students named Mr. Parikshit Banerjee, Mr. Arpan Mohanty, Mr. S.Bera and Mr.ArkaSen Chowdhury awarded scholarship for PG from the Chinese Pharmaceutical University, Chaina in year 2014

The College successfully placed its students passed since the first batch, either directly through campus interview or through reputed employment agency. Now a day's students prefer sales and marketing jobs for high starting salaries, good number of students are joining to the Pharmaceutical production house in Bengal, Gujrat, Madhya Pradesh, Himachal Pradesh, Sikkim and other part of India in the production house like SUN PHARMA, CIPLA, ALKEM, Ranbaxy, TCS etc. Few also entered in Banks and other service under state / central government.

We are encouraging students in their communications skill from the 1st year apart from their curriculum, classes are provided in 2nd, 3rd, 4th semester, for the same the classes are arranged in a group of twenty students for interaction with the concern faculty. These additional classes are helping a lot those, specially passed from Bengali medium school. In final year further grooming is done by the professional bodies for campus / self arranged interview in different organization/ industry etc.

Since, 1st batch we have noted that in an average about more than thirty percent of our students are opting higher education in different institute of repute like National Institute of Pharmaceutical Education & Research, Chnadigarh, Jadavpur University Kolkata, BITS Mesra and few to name. We understood in participation of some short of research works at our institute for their 8th Semester project, as partial requirement of B.Pharm degree, motivate them for higher studies and also teachers help a lot in getting score in GPAT the all India level entrance examinations for admission to the M.Pharm course.

Our faculties have done also very good job in publishing more than 56 (fifty six) number of Research publications in different national / international journals till 2013. If we procure few equipment / machineries like Rotary Tablet compression machine (10 stations) Fourier Transform Infra-red Spectroscopy (FTIR), Stability Chamber for stability testing, High Performance Thin Layer Chromatography (HPTLC) system, it will further increase the research attitude among the students and faculties

The College is conducting only degree course but BCDA requires more and more diploma holders for the sake of their profession and due to some sort of difficulties right now no other course could be run at the Hridaypur campus that is the reason behind the Trust has opted another project in Udayrajpur, Madhyamgram, Kolkata-700129, which is in the verge of starting D. Pharma course from July, 14, name of the project is 'BCDA College of Pharmacy & Technology, 2nd Campus". The 2nd campus got approval from PCI in the year 2013-14 and expected renewal in session 14-15, The entire faculties, laboratory assistant, nonteaching staff were sparing their time for the purpose of getting approval both from AICTE & PCI. A proposal is in the agenda for up

gradation of 2nd Campus to B.Pharm and M.Pharm subsequently in the coming years. If everything proceeds smoothly a Pharmaceutical Research Centre may easily be set up for utilizing expertise of faculties and P.G / Ph.D students.

There have been few developments in our Hridaypur campus very recently, the campus is under CCTV surveillance, and students are alerted / informed through electronic notice board. It is observed that new Managing Trustee is trying heart and soul to keep the faculties updated and for the benefit of students classes are being advanced one week in even semester and three weeks in odd semester. He also has taken an initiative of construction of an auditorium of 600 capacities at the Hridaypur Campus for fulfilling the sole deficiencies in respect to accommodation. He is also all set to implement the service rules which are pending since long back. The passed out students enjoyed the 1st reunion on 13th April 2014.

We are also assured by our Honorary General Secretary BCDA, Mr. Tushar Chakaraborty that BCDA wants an exceptional College for development of Pharmaceutical education Bengal in particular and India in general and there will be no compromise in this regards. He also asked Principal Dr.N.N.Bala to draw an approach for upgrading the institute to the "Centre of Excellence in Pharmaceutical Education" and make recognition at national level. He also added for achieving the same whatever help is required at his end, will do the same at his level best.

Very recently trust has taken a historic decision of operating the AXIS BANK V.I.P Road Branch of the College account by the Principal and two senior faculties. As I understood trust will keep the budgeted sum of rupees in that account on half yearly basis and will sanctioned emergency fund in case of urgent existence. Huge responsibilities have been assigning upon us, and for maintaining the same co-operation, patience and necessary time from all concern is urgently needed. The system is derived, how it works totally depends on the mellowness of the concern faculties; however it is anticipated that we will be success in operating the same.

The College is advancing with its best effort for sending proposal for National Board of Accreditation (NBA), the highest apex body of recognition the technical education in India. As we understood the same will be mandatory for all technical Institutes by 2015. I have had the opportunity of serving four Colleges in Odisha about eleven years as Principal before joining to this College approximately nine years ago, however what I have noted that BCDA is a different kind of organization and their missions and visions are really appreciable and which have extra momentum under the present leadership and hence, it will not be a difficult job of converting the Institute as dreamt by the Trust. Thus it also will be convenient for us approaching towards the NBA

At last but not least, I like to divulge the fact that the BCDA College of Pharmacy is a happy family working together since 2006, the faculties have proven their ability through activities, their co-operation, positive and optimistic approach always creating healthy academic environment. The staffs though were in inexperience but at present doing their jobs with discipline and sincerity, it's our proud that a happy and joint family is guided by a competent trust authority and a luminary G.B

PHARMACEUTICAL SCIENCES AND PHARMACY PROFESSION

Mr. Seemanchala Rath Assistant Professor BCDA College of Pharmacy and Technology

Pharmaceutical sciences or Pharmaceutical Technology is the magnificent branch of applied science and its greatness is due to its education pattern, employment scope, social contribution, and movement against alleviation as well as eradication of diseases. Starting from the discovery and isolation of new drug entity and modification of existing lead compounds in order to achieve desired pharmaceutical and pharmacological targets to the development of new optimised suitable dosage forms, conduction of clinical trials, running large scale production batches and marketing of the prepared dosage forms to reach the therapy at each and every corner of the globe, there remain contribution of the profession at each of the above steps.

The noble profession is always concern about educating the society's future generation through a variety of courses, sharing updated information with physicians through marketing professionals and providing services to the patients at hospital door as a responsible pharmacist. However, most of the common people are still unaware about the profession and its role as well as contribution towards the wellbeing of the society. The profession is unable to acquire its position in comparison to other new professions; those put their first step in to the field of education or social service or health related services in the late twentieth century. Several other branches of physical, natural and biological sciences are put our pharmacy subjects behind them in the scientific as well as administrative race of our country, which is well reflected during admission of students into bachelor courses after completing their higher secondary education.

Most of the pharmacy specialists have to compete with other professionals while appearing in job interviews for the positions those are suitable and meant for graduate or postgraduate pharmaceutical scientists. On the other hand, there remain very less possibility for a Bachelor in Pharmacy or Master in Pharmacy degree holder to be eligible for positions advertised in the other private and government scientific or health related arena. Nevertheless, the excellent profession has maintained its novelty, knowledge circle, study parameters, scientific relationships with other professions and many more in order to continue its role in providing service to the humanity as well as society.

Regarding the knowledge about our branches and profession to the common people, pharmacy professionals of our country should think more about the situation and how our courses along with profession can be improved. Furthermore, highlighting educations related to our work, culture and scope of the profession will pave a new path in the society for the future pharmacists.

In short, all the pharmacy professionals including industry personnel, academicians, hospital, and community pharmacists should communicate and contribute more to their respective field to update and upgrade our scientific network, which will eventually improve the profession along with society and nation.

ज्रानी कून

সুদীপ্ত চক্রবর্ত্তী (অধ্যাপক)

আমি এক জংলী ফুল ঝোড়ো হাওয়ায় আজ এক পড়ে আছি। দেবতার চরণে ঠাই নেই আমার। প্রেমিকার করবী সাজায় অন্য কেউ. বরমাল্যে আমি অভিশপ্ত! শুভেচ্ছা পত্ৰে আমি অনাহত! প্রতিনিয়ত, কেউ আমায় কাছে টেনে নেয় ক্ষণিকের সঙ্গ তারপর ছুড়ে ফেলে দেয় নর্দমার ধারে। বাগানের লালিত ফুলের বন্ধু ছিল, তাও ক্ষণিকের কেউ এসে উৎক্ষাৎ করে যায়! আজ তারা আড় চোখে দেখে, ভেঙে যায় স্বপ্ন! আমার কি দোষ? ফুল হয়েও নেই আর, এখন আমি জংলী ফুল।





বিভায়ী

চৈতালী মজুমদার ল্যাব অ্যাসিস্ট্যান্ট

মৃত্যুকে শ্রদ্ধা কর সে এসে দাড়ালে বিনীত হয়ে মাথা নামাও জীবন এক অখন্ড লড়াই সন্দেহ নেই। কিন্তু সে দিতে পারে না বিজেতার গৌর মৃত্যুই জীবনকে দেয় বিজয়ীর মুকুট। জীবনের বড় পক্ষপাতিত্ব। অনেক ভেবে বিচার করে সে তিরস্কার দেয় প্রাপকের হাতে, কাউকে শান্তি কাউকে চিরজ্বালা, কেউ পায় লক্ষীর বাশির উপছে পড়া ধন। কেউ হাহাকার করে দুমুঠো চালের জন্য ভরা আঁচলে সভার ধরে না নতুন উপহার হয়তো জীবনের খেয়াল থাকে না কাকে কখন কি দেওয়া উচিত। মৃত্যু কিন্তু অবিচল তার নিধিচার আর্শিবাদ বিতরণে নিজের দান সে মাপে না জীবনের মশকাটিতে কাজের শেষে ক্লান্ত সৈনিকের জন্য শান্তির প্রলেপ নিয়ে অপেক্ষা করে চির আশ্রমেয়র আশ্রম নিয়ে। তাই মৃত্যু নিরপেক্ষ দাতা অবিচল র্দনে সমদৃষ্টি তার মূল্যায়ণে জীবনের চেয়ে সে মহান নিভপলভাবে সার্থক তাই মৃত্যু এলে তাকে শ্রদ্ধা জানাও শোকে বিনীত হয়ে নীরব অভিবাদনে।।

Save Girl Child: Say No to Female Foeticide

Smita Patra, Asstt. Prof.

Welcome to the world of the girl child, who are promising yet gloomy, hopeful yet in despair The hand that rocks the cradle, the procreator, the mother the mother of tomorrow. A woman shapes the destiny of civilization. But the tragic irony of fate is that a beautiful creation such as the girl child is today one of the gravest concerns facing humanity.

People generally ask this question that child is a curse or. But I think it is a stupid question. How can a girl be a curse? A girl is always blessing Girl is devi. Woman is the pillars of society. fact is that the innovative and hard high end technologies are brutally devised to detect genetic abnormalities are highly misused by number of

families to detect gender of unborn child. Sex-selective abortion or female feticide has led to a sharp drop in ration of girls born in contrast to boy infants in some states in India. Ultrasound technology has made it possible for pregnant woman and their families to learn the gender of a foetus early in a pregnancy. Discrimination against girl infants for several reasons, has combind with the technology to result ina rice abortions of foetuses identified as female during ultrasound testing. The trend was first niticed when results of the 1991 national census were released, and it was confirmed to be a worsening problem when resuts of the 2001 national census were released The reduction in the female census have shown. It has been observed that the trend is most pronounced in relatively prosperous regions of India. The dowry system in India is often blamed. The expectation that a large dowry must be provided for daughters in order for them large dowries for their daughter is most intense in prosperous states where high standard of living, and modern consumerism, are more prevalent in Indian society.

The rate of live births was 932 girls per 1000 boys in 2001, which dropped to 912 by 2011. It is expected

that if this trend continues, by 2021 the number of girls will drop below 900 per 1000 boys.

Whatever may be the reason for female feticide whether it may be dowry, it may be poverty or it may be thoughts of people but nothing can justify killing a girl child, killing her emotions or feelings of unborn life. Here is a diary of a baby.

"Diary of baby.....

I get attached with mom. 15 June

I am at issue now. 17 June

Mom said to Dad, you are going be a father." 30. June

My food is what my mom eats. 15 July I can feel my heartbeat,

15 September: I have little hands, legs head and stomach. 14. October Today I was in ultrascan. Wow!!! I'm a girl. 13. November:

I am killed. 14 November:

My mom and dad killed me and it was just because I was girl child." my father for his being a genuine a genuine killer. I respect my mom

for her being not a woman.

I am wrapped in a plastic bag. 15. November:

This is the destiny of this poor baby who could not even open her eyes in this world. This is the fact of many bay

may be this is the story of the entire foetus who are killed in their mother's womb.

The dairy will once again remind us that we are educated, civilized only to show others but are we truly human being? Do we really have heart and emotion? Can we here the words of the baby girl child who is being killed by her parents? We can't be do much selfish, so self centered. We always think betterment of ourselves whether it be in my career, my life, my education but we never think of others. It's not late enough let us all save our society save our mother sister daughter and protest against killing of girl child. We celebrate woman's Day!" but do we really mean it? Do all of us irrespective of male and female respect woman? let all us do that. We can together in our daily life respect each other and be a single voice to.

" SAVE GIRL CHILD AND HELP TO GIVE A BETTER SOCIETY TO LIVE IN."

SOMKING RUINS LIFE

Biswanath Maji Laboratory Technician

Definition of Smoking: এটি একটি প্রক্রিয়া যার দ্বারা সিগারেট কিনে আগুন দিয়ে জ্বালালে যে ধৌয়া বের হয় তা গিলে কেলতে হয় এবং ধোঁয়ার মধ্যে থাকা তামাক ফুসফুসের মধ্য দিয়ে শোষিত হয় এবং ফুসফুসের বিভিন্ন রোগের সৃষ্টি করে এবং ফুসফুসের কালার ঘটে মৃত্যু পর্যন্ত ঘটতে পারে তাকে Smoking বা ধুমপান বলে।

Definition of Smoking:

- D First party Smoker (সিগারেট্টা প্রথম যে খায়)
- ii) Second party Smoker (যে Counter নেয়)
- iii) Third party Smoker (যারা পালে থাকে)
- iv) Sequence Chains Smoker (1st party <2nd Party <3rd party)

Definition of Components:

- i) মিথেন ঃ যা পচা নর্দমা, নালা থেকে বের হয়।
- ii) অ্যামোনিয়াঃ Toilet বা বাথরুম থেকে বের হয়।
- iii) বিউটেনঃ লাইটারে যে গ্যাস বের হয়।
- iv) মিথানলঃ রং পালিশ করার সময় যে গন্ধ বের হয়।
- v) কার্বন মনোঅক্সাইড ঃ গাড়ী বা কলকারখানাতে কালো ধোঁয়াতে যে গ্যাস থাকে
- vi) আর্সেনিকঃ ভূ-গর্ভস্থ জলের তলায় যা থাকে।
- vii) স্টিয়ারিক অ্যাসিড ঃ মোমবাতিতে যা থাকে।
- viii) ক্যাডমিয়াম ঃ ব্যাটারিতে যে ধাতু থাকে।

এরূপ আরো ৪৮০০ টি মৌল বা যৌগ থাকে।

Observation:

- i) Style: মুখ বা গায়ের থেকে বাজে গন্ধ বের হয়।
- ii) Statuse: ঠোঁট বা মুখ কালো পুড়ে যাওয়ার মত লাগে।
- iii) Personality: মুখ জীভের স্বাদ এমনভাবে পরিবর্তন হয়ে যায় যে ধুমপান ছাড়া আর কোন কিছু ভালো লাগে না।

Result: .

- কোন প্রতিরোধ মূলক প্রচারাভিযান নেই।
- ii) কোন জরিমানা জেল হাজত নেই।
- iii) পুলিশে কোনও রিপোর্ট হয় নেই।
- iv) যদিও খুন হয়ে মারা যাওয়ার সংখ্যা থেকে ২০ সময় বেশি মারা যায় এই ধূমপানের কারনে।

Breathing problem	Coughing problem	Asthama problem
lungs cancer problem	তবুও কোন problem ে	নই।



7 DIGIT FAVOUR-FOR GERMANY IN WORLD CUP 2014

Habibul Islam Mullick Lab Technician

- G is the 7th letter of Alphabet and Germany starts with letter 4. 1.
- The Name Germany contains 7 letter.
- Germany scored 7 goal victory against the hosting Nation Brazil. 3.
- Germany played world cup in Group G category which indicate 7. 4.
- Germany ended group stages round with 7 points. 5.
- Similarly Germany scored 7 goal in group stages matches like -6.

4 for Portugal.

2 for Ghana.

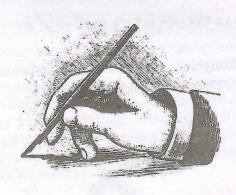
1 for USA.

- Germany played their 7th match in World Cup Final against Argentina. 7.
- The World Cup Final held on July, which is the 7th month of the year 2014. 8.
- If we see the year 2014(2+1+0+4)=7 is come for Germany.
- 10. Germany striker Klosa had given 16 goal in in world cup history that indicate (1+6)=7 for Germany.
- 11. In the final who Assured a goal for Germany named Gotze. his first letter is G=7 for Germany.
- 12. Germany scored goal in the final in 113 minutes which indicate that 7 mins left to finish the match.
- 13. Sunday was the final. So here S is stay with 7. So here is Sunday is favour for Germany.
- 14. When Germany scored goal the 1st time shows that it is 3.04 AM. here (3+4)=7 lucky for Germany.
- 15. Germany played world cup in ratio of 4: 3:3:1 type here (4+3)=7 as midfield and 3+3+1=7 as a
- 16. Before World Cup starting FIFA ranking of

Germany=2

Argentina=5

(2+5)=7 So these are the factors which helped Germany to win their 4th World Cup in 2014.



অন্য বসন্ত

গৌরব বণিক (অফিস অ্যাসিসট্যান্ট)

কত অজানা কথা আর অদেখা দৃশ্য এসে ঘিরে ধরে আমায়। আমি এখন অন্য বসস্তের দোরগোড়ায়।। বহু পথ, কোটি কোটি আলোকবর্ষ দূরে ঘুরে বেরিয়েছি। আলো আর অন্ধকারের মাঝে দেখেছি। আর কত রঙ্গ দেখি দুনিয়ায় আমি এখন অন্যবসন্তের দোরগোড়ায়। আজও সেই রয়ে আছে। স্যাঁত স্যাঁত চার দেওয়াল রঙ, পেনসিল শুক্নো তুলি আর আছে অমলিন তোমার ছবি, এই সময় অন্য বসন্তের দোর গোড়ায়। কিছু কথা আজও বাকি রয়ে আছে। বাঁকা চাঁদ আর নীল পৃথিবীর সাথে অদেখা দৃশ্যগুলি এ কোন মহরায়? আমি এখন অন্য বসন্তের দোর গোড়ায়।।





আজৰ দেশ শ্ৰেয়া সেন চৌধুরী (৪র্থ বর্ষ)

বলছি শোনো খোঁজ পেয়েছি একটা মজার দেশে, খিদে পেলেই পেট ভরে যায় একটুখানি হেসে। রান্না খাওয়া বন্ধ সেথায় দিব্যি ঘোরে লোকে, নানা রকম ভঙ্গিমাতে থাকে নানান লোকে। সোজা পথে যায় না তারা বাঁকাপথে হাঁটে ধীরে চলার ধার ধারে না সবাই চলে ছুঁটে। দিনের বেলায় দিব্যি ঘুমায়, ওঠে রাতের মাঝে একটুখানি হেসে নিয়ে বেরোয় আপন কাজে। দড়ি দিয়ে বাঁধা থাকে ঘরগুলো সব গাছে। জলের ভিতর মানুষ লাফায় জাল ফেলে সব মাছে। অসুখ ছাড়াই লোকে সেথায় ঔষধ ভালোবাসে নইলে দিবা-রাত্র তারা যাচ্ছে কেবল কেশে। সেই দেশেতেই গাছগুলোতে মন্ড মিঠাই ফলে। টপ করে সব মুখে ঢোকে গাছের নীচে গেলে। মাথার উপর চলছে ছুটে মোটরগাড়ি - বাস বছর গোনে দিনকে দিয়ে, দিনকে গোনে মাস। সবুজ নাকি যায় না চেনা, কালো দেখায় লাল মানুষ সেথায় লাঙল টানে, গরু ধরে হাল। যাবে নাকি সেই দেশেতে, ইচ্ছে করছে তাই? ঠিক আছে জানিয়ে দেবো, ঠিকানাটা পাই।

THE PROCESS OF AGING

Sayak Chakraborty

Aging is the progressive accumulation of changes with time that are associated with ever-increasing susceptibility to disease and death which accompanies advancing age. These time-related changes are attributed to aging process. The nature of aging process has been the subject of considerable speculation. A cumulating evidence indicates that sum of deleterious free radical reactions going on continuously throughout the cells and tissues constitutes the aging process. Dietary manipulations expected to lower the rate of production of free radical reaction damage have been shown (i)to increase life span of mice, rats, fruit flies, nematodes, and rotifers, as well as the "life span" of neurospora (ii)to enhance humoral and cell-mediated immune responses; (iii)to slow development of amyloidosis and the autoimmune disorders. In addition, studies strongly suggest free radical reactions play a significant role in the deterioration of cardiovascular and central nervous systems with age. The free radical theory of aging provides reasonable explanations for age-associated phenomena, including (i) relationship of the average life spans of mammalian species to their basal metabolic rates, (ii) clustering of degenerative diseases in the terminal part of life span, (iii)beneficial effect of food restriction on life span, (iv)greater longevity of females, and (v) increase in autoimmune manifestations with age. It is not unreasonable to expect on the basis of present data that healthy life span can be increased by 5-10 or more years by keeping body weight down, at a level compatible with a sense of well-being, while ingesting diets adequate in essential nutrients.

Primary Prevention of HIV Infection in Pregnant woman.

Diptiman Dey

Now a day's a critical focus of attention for prevention of MTCT of HIV infection is the pregnant woman already infected with HIV primary prevention of HIV infection in pregnant woman found to be u - infected is also important. Although a study in other country (Zimbabwe) did not find pregnancy to be associated with increased risk of acquiring HIV infection, compared with non pregnant woman irrespective of their sexual behavior or their partners plasma viral loads similar results were found in a recent study from South Africa. Increased risk of HIV acquisition during acute infection, including that in genital secretion, could make pregnancy a mechanism for efficient transmission of HIV from male sex partners to pregnant women. In resource rich countries, a significant proportion of remaining vertical transmission occurs among women who acquire HIV infection during pregnancy. In HIV testing was offered to 400 woman in maternity wards & 244 woman 1.3% & 2.3% respectively had positive HIV test result (in a study).

Protect to stress the need for contraceptives had positive HIV test result (in a study). Protect HIV infection strategies. HIV retesting during late pregnancy or labor offers an opportunity to identify woman & conversion to allow interventions for prevention of MTCT of HIV infection & care for these woman.

FORENSIC PATHOLOGY

Avishek Ganguly

Forensic pathology is a sub - speciality of pathology that focuses on determining the cause of death by examining a corpse. The autopsy is performed by a coroner or medical examiner usually during the investitigation of criminal law and civil law cases in some jurisdictions Coroners and medical examiners are also frequently asked to confirm the identity of a corpse.

SCOPE:

Forensic pathology is an application of medical jurisprudence. The forensic pathologist:

* Is a medical doctor who was has completed training in anatomical pathology and who has subsequently sub specialized in forensic pathology. The requirements for becoming a "fully qualified" qualified forensic pathologist varies from country to country. Some of the different requirements are discussed below.

* Performs autopsies / postmortem examinations to determine the cause of death. The autopsy report contains an opinion about :

Th pathologic process, injury, or disease that directly results in or initiates a series of events that lead to a person's death (also called mechanism of death), such as a bullet wound to the head exsanguination caused by a stab wound or ligature strangulation myocardial infarction resultion from corobaryy artery disease, etc), and

The manner of death' the circumstances surrounding the cause of death which in most jurisdictions include:

Homicide

Accidental

Natural

Suicide

Undetermined

- * The autopsy also provides an opportunity for other issues raised by the deat to be addressed, such as the collection of trace or determining the identity of the deceased.
- * Examines and documents wounds and injuries, both at autopsy and occasionally in a clinical setting.
- * Collects and examines tissue specimens under the microscope (histology) in order to identify the presence or absence of natural disease and other microscopic finding such as asbestos bodies in the lungs or gunpowder particles around a gunshot wound.
- * Collects and interprets toxicological or deliberate poisonings.
- * Forensic pathologists also work closely with the medicao-legal authority for the area concerned with the investigation of sudden and unexpected deaths i.e the coroner (England and Wales), procurator fiscal (Scotland) or coroner or medical examiner (United States).
- * Serves as an expert witness in courts of law testifying in civil or criminal law cases.



Anti Retroviral Drug Resistence

Tapeswar Mitra

Selection of NNRTI (Non Nucleoside Reverse Transcriptase inhibitor) resistence mutation offer single dose NVP for HIV infection in women & in infants who become infected despiteprophylax is in well documented & is attributable to long half life of NVP coupled with fact that a single mutation in viral codon confers drug resistence. There is wide range in resistence rate which vary by maternal cell count & viral load at time of exposure, viral subtype whether other anti retro viral drugs were given in addition of single dose NVP. Although resistence is frequent in first few weeks to months after exposure, frequency frequency of detection decreases by time. The long term relevance of the selection of NNRI resistence for response to future antihero viral therapy in both women & infected children is under study, current data suggest that women starting NNRTI based therapy within 12-24 months after single dose NVP exposure. However administration of anti retro viral drugs for a period after single dose NVP therapy can reduce development of resistence to low levels. In infants also resistence is lowered who received 3-7 days Azacytidine (AZT) or AZT plus 3 TC therapy after single dose NVP therapy.

WIRELESS MEDICINE

Souvik Upadhaya

Wireless medicine encompasses devices, products and technology that allows dirtier, patients and care givers to diagnose and monitor health condition, decision time, and invention. The vscom imaging device is a packet-sized visualization tool that provides high-quality ultrasound imaging at the point of care. This handheld tool uses high-quality black and white image technology and color-coded blood flow imaging in a device that weighs less than a pound. It can detect gallstones, cardiac problems, and numerous other issues. Image quality is equal to that of console ultrasound. Made by GE healthcare. Enabling technologies like 3G, 4G, LTE, Bluetooth, and other radios such as Body Lan, ANT+, zarlink etc. Examples like cardionet's 3G-enabled wireless service line, Mobile Cardiac Outpatient Technology (MCDT) allows for immediate arrhythmia detection. A & D makes connected activity monitors, weight scales and blood pressure monitors with software to gather and analyses personal health data. Extra health system makes integrated bluetooth, WiFi and cellular blood glucose meters. Further research is ongoing in.



Dyslexia

Abhishek Singh

Health is a biggest aspect of life for every individual. For the ultimate survival of human, it has to be maintained properly. Education is playing an important role in this epic battle for survival. It is providing different way for health maintenance. But, there is an obstruction in the midway of achieving proper health named "dyslexia". It is characterized by difficulty with learning to read fluently and with accurate comprehension duped normal intelligence. The world Federation of Neurology defines dyslexia as a disorder manifested by difficulty in learning to read despite conventional instruction, adequate intelligence and sociocultural opportunity. Sign & Symptoms:- Some early symptom that correlate with a later diagnosis of dyslexia include-

* delays in speech

* letter reversal mirror writing

* Being easily distracted by background noise.

History:- Dyslexia was identified by Oswald Berkhan in 1881, but the term dyslexia was coined by Rudolf Berlin in 1887, who was an ophthalmologist in Stuttgart. He used the term to refer a case of a young boy who had a severe impairment in learning to read & write in spite of showing typical intellectual and physical abilities in all other respects. Exacerbating Conditions:- Several learning disabilities often occur with dyslexia. These disabilities include:-

->Dysgraphia

-> Attention Deficit Disorder (ADD)

->Auditory Processing Disorder

->Developmental Co-ordination Disorder

->Management:- There is no cure for dyslexia, but dyslexic individuals can learn to read and write with educational support. There are techniques and technical aids that can manage or even conceal symptoms of the disorder. Removing stress & anxiety alone can improve written comprehension. Finally, I must say that dyslexic individual need our moral and physical support. It has been seen that they often get mistreated by others that force them to think that they are not normal.

"Let us unite for them so that they too can fly high in the open sky".



GRANULOMATOUS ROSACEA - A RARE SKIN DISEASE

Souvik Pal 3rd Year

Granulomatous Rosacea is a very rare skin disease which is more common in persons of northern and western European descent with a fair complexion. It is a chronic inflammatory condition of the facial skin affecting the blood vessels. It mainly occurs in cheeks, nose, chin, forehead, eyelids etc. Rosacea may appear as redness, prominent spider like blood vessels, swelling or skin eruptions etc. Granulomatous Rosacea can often be difficult to differentiate from other facial granulomatous dermatoses of unknown cause especially lupus Miliaris disseminatus faciei (LMDF). It is mainly reported primarily in middle-aged women & men. Sunlight is very harmful for this diseases, therefore a sun scream another name of this disease is Rhinophyma or B-cell neoplasms mimicking Rosacea. In this disease small papules on the nose, cheeks and forehead are also observed. Treatment options include isotretinoin, a drug which shows response in the treatment of Rosacea. The treatment leads to the reduction of inflammatory lesions, erythema. Doxycycline(100-200mg/day) is an antibiotic that has been used for Rosacea for decades. There are no specific drugs are available for this disease so far. Topical metronidazole is used to reduce the inflammations. In present case, treatment with isotretinoin 20mg per day shows a good response apart from that

Pimecrolinus cream is used now days for the treatment of granulomatous Rosacea.



আমার কলেজ BCDA

গীতম বালা, ৩য় বর্ষ

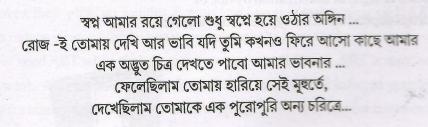
অন্তরে আজ ছিল স্বপ্ন দেখার নেশা অদম্য ইচ্ছা মনে হয়ে ওঠা তবুও নিরাজা সামান্য দিগস্ত শূন্য প্রাস্তর দোলাচলে মন, তবুও খোজা কোন সাহারা ও আপন জন। হঠাৎ পেয়ে যাওয়া আমার ঠিকানা, আমার বি.সি.ডি.এ., খুসিতে ভরপুর, তপশ্যায় হয়েছি ব্রত, হৃদয়ে, হৃদয়পুর। আদর্শ আমার, দেখিয়েছে ঠিকানা ও সঠিক রাস্তা। বি.সি.ডি.এ. শুধু হয় এত গভীর আস্থা। ভালোছায়া দারুণ আশা, শিক্ষা মস্ত, নিরেট ও খাসা, শান্ত, ধ্যান গন্তির, ধীর, যেন ঋষি, আমার আচার্য্য। ছত্র ছায়ায় আমরা, মন অতি স্থির ও প্রাচুর্য্য। শিক্ষক সব পিতা সম, ছাত্র ছাত্রী নয় অসন্থন, শুধু পরা শিখে নেওয়া, ব্রতী সব সাধন মগ্ন। আমার কলেজ আমার আচার্চ্য, আমার শিক্ষক সব একীভূত, আমরা সব ছাত্র-ছাত্রী তার মধ্যে দ্রবীভূত মানুষ আমায় হতে হবেই এই প্রতিজ্ঞা সতত মনে, দূর বিদেশ ডাক দিয়েছে, যাব, তবে শিক্ষার সনে।



এক পশলা বৃষ্টি

সোমরাজ দত্ত, ৩য় বর্ষ

তুমি বলেছিল আমায় আসবে সেদিন আর হয়ে থাকবে আমার চিরদিন ... সন্ধে পেরিয়ে হয়ে গেলো রাত তোমাকে পেয়ে ভেবেছিলাম করে দেব কিস্মাত ... কেটে গেলো আজ অনেক গুলো দিন



হয়ে ছিলাম বোধ হয় আমি তোমার জনোই সৃষ্টি, তবে আজও হারিয়ে গেলে আবার তুমি হয়ে এক পশলা বৃষ্টি ...



DATE RAPE DRUG

Dipraj Mondal 2nd Year

DATE RAPE DRUG: These are the drugs that are sometimes used to assist a sexual assault. It can include touching that is not okay. Putting something into the vagina, sexual intercourse rape and attested rape. These drugs are powerful and dangerous which have no colour, smell and taste. The drugs can make you become weak and confused. So that, you have unable to refuse sex and defend yourself. If you are drugged you might not remember what happened. These drugs are used on both male and female. Scientists in Singapore have discovered a substance that can detect a so called a "date rape" drug called Gamma-Hydroxybutyric (GHB), or "liquid ecstasy".

EFFECT ON THE BODY: These powerful drugs can affect you very quickly without your knowing. The time of the effects varies is depends on the quantity of drug and if the drug is mixed with other drugs or alcohol. Alcohol makes the drug stronger and can cause serious health problem, even health.

HOW CAN IT BE PROTECT: I Don't accept drink from outer people.

- II. Keep your drink with you at all times.
- III. Don't drink from pouch bowls, open containers may already have drug.
- IV. Don't drink anything that tastes and smell strange. Sometimes GHB tastes salty.
- V. If you realize, you left your drink unattended, pour it out.

WHAT SHOULD YOU DO IF YOU THINK YOU HAVE BEEN DRUGGED AND RAPED:

- I. Get medical care right away or have a trusted friend take you to a hospital emergency room.
- II. Don't urinate, bathe, brush your teeth, wash your hands, change cloths or eat or drink before you go to the medical care. the hospital will use a 'rape kit' to collect evidence.
- III. Ask the hospital to take a urine sample that can be used to test for date rape drugs. Rohypnol stays in the body for several hours and can be detected in the urine up to 72 hours after taking. G.H.B leaves the body in 12 hours.
- IV. Don't pick up or clean up where you think the assault might have occurred.

<u>DRUGS:</u> Date rape drug such as GHB, Rohypnol & ketamine are sometimes used to assist in a sexual assault. Symptoms & signs of intoxication by one of nese drugs depend upon the type of drugs injected.



CORD BLOOD BANKING

Shayandeep Roy chowdhury 4th Year

A cord blood bank is a facility which stores umbilical cord blood for future use. Both private and public cord blood banks have developed since the mid-to-late 1990s in response to the potential for cord blood in treating diseases of the blood and immune systems.

Banking cord blood in a private umbilical cord blood bank, such as Americord Registry, is a personal choice made by both parents. Private banks store cord blood with a link to the identity of the donor, so that the family may retrieve it later if it is needed. The parents have custody of the cord blood until the child is an adult. The cord blood might someday be needed by the donor baby, or it could be used by a relative who is a close enough match to receive a transplant from the donor.

Cord blood contains hematopoietic stem cells, progenitor cells which can form red blood cells, white blood cells, and platelets. Cord blood cells are currently used to treat blood and immune system related genetic diseases, cancers, and blood disorders. Cord blood collection happens after the umbilical cord has been cut & is extracted from foetal end of cord, diverting upto 75+/-23 ml from neonate. It is usually done within 10 minutes of giving birth. Additional stem cells may be collected from placenta. An adequate cord blood collection requires at least 75mL in order to ensure that there will be enough cells to be used for a transplantation. Before the cord blood is stored for later use, it undergoes viral testing, including tests for HIV and Hepatitis B&C & tissue typing to determine Human Leucocyte Antigen Type.

ANTIRETROVIRAL THERAPY

Standard antiretroviral therapy (ART) consists of the combination of at least three antiretroviral (ARV) drugs to maximally suppress the HIV virus and stop the progression of HIV disease. Huge reductions have been seen in rates of death and suffering when use is made of a potent ARV regimen, particularly in early stages of the disease.

Since 2013, WHO also recommends the ARV use for the prevention of HIV infection, particularly for pregnant women, young children, and key populations exposed to HIV risk.

Antiretrovirals are medicines given to people with HIV to suppress the virus in their blood. They are not a cure for HIV/AIDS. They lower the level of virus in the blood. This allows immune system to recover. People taking ART may find that their appetite improves, they pick up weights & problems like skin rashes clear up. If ART are taken reliably & correctly, medicines can reduce virus in blood when it can no longer be measured.

People who are infected with HIV donot need ART while their immune system is still strong. ART is only needed once the immune system has become weak. Anti-retroviral drugs form part of care of HIV infected people. HIV positive people people can live healthily for many years before they reach the point where they require treetment with Anti-retrovirals.

HIV infected people who require ART may access ART by referral from their primary health care facility. ART does effectively prolong life. However, it is not entirely clear (i) for how long it can prolong life (ii) what the long term side effects of treatment may be.

An Aura of Austerity

Motiur Rahaman

4 th Year

It must have happened to you sometime in your life, when you meet a person & you start appreciating him up to such an extent level when you say 'I want to be like you'. It is a super normal biological phenomenon of attraction & getting inspired, sometime we copy some characteristics of other it induces a self-bound compulsion in the person to strive for the best.

Every living being specially human being has its own aura. An aura is the distinctive atmosphere or power or may be quality that seems to be generated by someone or something. A snake has an aura that makes freaky, whereas the aura of a rabbit/ butterfly can comfort you. It is all because of this influencing field on themselves.

An aura can be both positive & negative. Our mankind has witnessed myriad of both type. Let it be, Gandhi or Hitler or may be a popular film star, they inspired people & people do those activity whatever they do. One quality that I found common in them was austerity. They abandoned comforts, luxuries & adornments which they could have enjoyed. This austere way of living demands extravagant courage & utter confidence on oneself.

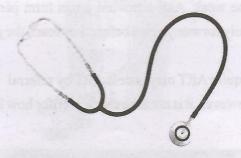
On every occasion or event in my college, there are two types of students/people, I encountered here. The first are the co-ordinators & participants. The second is the audience which laughs at the flaws, questions the credibility & transparency of an event. A person is the first category has to face the grim of time loss, health loss, money loss, appetite loss, study loss. After such austere sacrifice & forging, a role model is prepared, ready to inspire, ready to shape the malleable virtues of the rest. Every pain or loss adds a glow, strong confidence & blossoms glory. It is inevitable to stay uninfluenced such an aura.

For one in the audience, please keep this mind that the starting point of all achievements is desire. Weak desire brings weak result & strong desire brings strong result which is a gift for you. Trust yourself & rule your action so that at the end, you may not have to look back & say

"I wish I had taken more...."

It is said that every living being has its unique aura.

An aura is the distinctive atmosphere or quality that seems to be generated by someone or something



NEONATOLOGY

Chandan Bera 4th year

Introduction: Neonatology is a subspecialty of pediatrics that consists of the medical care of newborn infants, especially the ill or premature newborn infant. It is a hospital-based specialty, and is usually practiced in neonatal intensive care units (NICUs). The principal patients of neonatologists are newborn infants who are ill or requiring special medical care due to prematurity, low birth weight, intrauterine growth retardation, congenital malformations(birth defects), sepsis, pulmonary hyperplasia or birth asphyxias

History: While high infant mortality rates were recognized by the British medical community at least as early as the 1860s, modern neonatal intensive care is a relatively recent advance. In 1898 Dr. Joseph B. De Lee established the first premature infant incubator station in Chicago, Illinois. The first American textbook on prematurity was published in 1922. It was not until 1965 that the first American newborn intensive care unit (NICU) was opened in New Haven, Connecticut and in 1975 the American Board of Pediatrics established subboard certification for neonatology. In the 1980s, the development of pulmonary surfactant replacement therapy further improved survival of extremely premature infants and decreased chronic lung disease, one of the complications of mechanical ventilation, among less severely premature infants. In 2006 newborns as small as 450 grams and as early as 22 weeks gestation have a chance of survival. In modern NICUs, infants weighing more than 1000 grams and born after 27 weeks gestation have an approximately 90% chance of survival and the majority have normal neurological development.

Academic Training: A neonatologist is a physician (MD or DO) practicing neonatology. To become a neonatologist, the physician initially receives training as a pediatrician, then completes an additional training called a fellowship (for 3 years in the US) in neonatology. In the United States of America most, but not all neonatologists, are board certified in the specialty of Pediatrics by the American Board of Pediatrics or the American Osteopathic Board of Pediatrics and in the sub-specialty of Neonatal-Perinatal Medicine also by the American Board of Pediatrics or American Osteopathic Board of Pediatrics. Most countries now run similar programs for post-graduate training in Neonatology, as a subspecialisation of pediatrics.

Neonatal Nurse Practitioners (NNPs) are advanced practice nurses that specialize in neonatal care. They are considered mid-level providers and often share the workload of NICU care with resident physicians. They are able to treat, plan, prescribe, diagnose and perform procedures within their scope of practice, defined by governing law and the hospital where they work.

Spectrum of care: Rather than focusing on a particular organ system, neonatologists focus on the care of newbornswho require Intensive Care Unit (ICU) hospitalization. They may also act as general pediatricians, providing well newborn evaluation and care in the hospital where they are based. Some neonatologists, particularly those in academic settings, may follow infants for months or even years after hospital discharge to better assess the long term effects of health problems early in life. Some neonatologists perform clinical and basic science research to further our understanding of this special population of patient.

PEACE HATH HER VICTORIES NO LESS RENOWN THAN WAR

Shahryar Ahmed 2nd Year

Following these words of our great ancestor, John Milton, we can clearly summarize the two issues of discussion which holds equal significance in our life. We are today the part of a generation and also inhabitants of a society which believes totally in speed and authority. "Survival of the fittest" is perhaps the most applicable theory of this era. So standing as the modern being in modern times, we have acknowledged the fact that we are today or what our position on the facet of world today is depended entirely on our force and our strength and not on our fascinated thought of universal brother hood.

On this note, dear friends, I would like to indulge myself in demonstrating the two complementary facets of peculiar difference- 'War & Peace'. We always have been considering the fact that the piece everlasting truth and is perhaps the most common form to achieve general appeal and applause. But, exceptions do occur in our life and some situations arise where contemporary and substantial role of peace doesn't seem to fit in place. So what shall we do then? - The answer perhaps to this very contradictory question is a mass violence which we can summarize in small word, 'WAR'. Furthermore, we have now come across a period where all peripheral modes of human representation, be it from the general mass to the human rights concern, everyone is demanding for 'PEACE', 'WORLD FRATENITY', 'WORLD AS A GLOBAL VILLAGE' and many such common terms which relate from man to man harmony. So, again the question arises that what can sustain 'PEACE'? My dear friends, the answer is again 'WAR'. By recapitulating the past, we would be able to observe that every great 'Peace-Believer' or 'Peace-Activist' of the latest decades, be it our very own 'Bapu' the great Mahatma Gandhi to 'The Father of South Africa, - Nelson Mandela, at least once in their lifespan 'PEACE' had substituted with 'WAR'. Even Mahatma Gandhi, who is renowned to be the initiator of the biggest peace movements in the history of mankind powering his heart by 'DO OR DIE', which definitely symbolize and personifies the revolutionary fire inside of an Indian who was fighting for independence of his/her motherland. Now, I would like to take the refuge of a simple but meaningful quotation by the American secretary of world war-II, Me. A.J.Nicolson, "to visualize the sublime grander of creation; we have to go through destruction" - these words clearly signifies the importance of 'WAR' for the existence of peace. It leads us in understanding that 'PEACE' is just entailment of a long patch of 'WAR'. Once it is abolished from a human mind, perhaps that will be the end 'PEACE' too. As a conclusion, we can say that if 'WAR' would not have been there, the vision of 21st century concept of 'PEACE' would have been very vague and blurred. In the end of my tidings, I would like to pose just one question for one and all, "What is 'peace' without 'war'?".

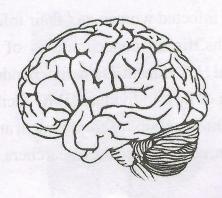


FOODS TO IMPROVE MEMORY POWER

Saptarshi Panigrahi 4 th Year

Eating healthy foods will keep us fit both mentally & physically, our brain also required nutritious foods that contains enough vitamins, healthy fat, antioxidant and other essential nutrients to improve and sustain our memory power. Eat the following foods on a daily basis to help keep our brain healthier and stronger.

- ★ Tomatoes:- The antioxidant found in tomatoes called lycopene, is good for brain. It can protect against free radical damage to cells and prevent the development of dementia.
- * Seeds:- seeds like pumpkin, sunflower, sesame seeds are rich source of protein ,vitamin- B & omega fatty acid. These healthy nutrients work wonder to enhance memory power and also help relieve depression.
- ★ Eggs:- Eggs are protein rich food and a great source of omega-3 fatty acid and choline. Choline an enzyme that is found in egg yolk acts as neurotransmitter, which enhance brain power.
- * Pomegranate:- Pomegranates contains a powerful antioxidants that are essential for maintaining healthy function of the brain. This fruit also protect the brain cell for damages caused by free radicals. Drink a glass of pomegranate juice or eat some pomegranate fruit daily to keep our brain healthy.
- ★ Walnuts:- Snack on some walnuts to help boost our memory power. Walnuts are the great source of vitamin E and omega-3 fatty acids that are good for our brain and nervous system. It also contains an antioxidant called ellagic acid, which helps the brain from free radical damage.
- ★ Blueberries:- Anthocyanin ,which is found in blueberries ,containing memory boosting property. Anthocyanin can also help reduce the effect of old age related condition such as Alzheimer's disease and dementia.
- Avocado: Avocados are an excellent source of mono unsaturated fats, which helps keep our brain cell membrane flexible. This fruit can also aid in the absorption of antioxidant, increase blood flow to the brain and contribute to stroke prevention by lowering cholesterol.
- ★ Dark chocolate:- Dark chocolate contains powerful antioxidants that promote a positive effect on our brain like improving concentration and focus. It can help boost our brain power and stimulate the production of endorphins in brains which lighten our mood and depression.



Breastfeeding may protect infants from HIV transmission

Debayan Chakrabort

An international team of researchers has found that certainbioactive components found human milk are associated with a reduced risk of HIV transmission from an HIV infector mother to her breastfeed infant.

"in developing countries, HIV infected mothers are faced with the decision of whether not to breastfeed their babies" said harsBode, PhD, assistant professor in the department Pediatrics at the department of California, San Diego school of Medicine. "Breastfeeding exposes the baby to the irus and increases the risk for the baby to die from other intestinal respiratory infection. "bode and collgues setout to find why the vast majority of breastfeed infants do not aquire HIV-1, despite continuous exposure to the virus in their mother's milkow many months. Even in the absences of antiretroviraldrugs, only 10-15 percent of infants was acquire HIV infection from their HIV infected mothers.

They discovered that immunologically active componentscalled human moligosaccharides (HMO) - a type of carbohydrate madeup of several simple sugars link together.- may protect from from HIV transmission. This complex oligosaccharides are the themost abudant component of breast milk, yet are not digestible and therefore become high concentrated in the mucosal surface of the infant's gastrointestinal tract.

"HMO act as probiotics that promote the growth of desirable bacterial communities in infant's intestine", said Bode. Additionally, HMO structurally resembles sugar chain cal glycans that are normally found on epithellial cell surfaces, and can serve as "decoy" recept to inhibit pathogem from binding. hast, HMOexhibit anti-inflamentory activity and have be shown tomodulate immune cell responses in cell and animal models. The researchers analy HMO amount and composition. In breast milk samples collected from more than 200 wome a part of a larger study of HIV infected women and their infants in husaka, Zambia follow them from birth to 24 months. Higher concentrations of HMO in milk were associate with protection against postnatal HIV transmission, independent of other known risk factors a future, a better understanding of how individual HMO facilate or obstruct HIV transmission and guide the development of interventions to complement antire trovical extrategies and neffectively prevent transmission, according to the researchers.

BENEFICIAL HEALTH OF DARK CHOCOLATE

Somnath Surai 4th year

Dark chocolate (BOURNVILLE) is also called "Black chocolate" produced by adding fat and sugar to cocoa. It is chocolate with no milk or much less than milk chocolate. It can be eaten as is, or used in cooking, which thicker, baking bars, usually with high cocoa percentage ranging from 70% to 99% are solid. It also has natural plants (cocoa tree) substances called flavanoles that provides numerous health and benefit.

Dark chocolate is a processed, typically sweetened food product from the seed of the tropical cacao tree (Theobromacacao), belonging to the family Malvaceae. Dark chocolate is very nutrias:- Dark chocolate contains a decent amount of soluble fibre and is loaded with minerals. A 100 gm bar of dark chocolate with 70-85% cocoa contains-fibres, Irons, Mg, Cu, Mn, Zn etc.

<u>Benefit of health:</u> Dark chocolate reduce stress:- Theobromine and caffeine are present in Dark chocolate. These chemicals are stimulated in brain function and reduce stress or depression.

Anti inflammatory activity:- Cocoa is ingredient in Dark chocolate contains several poly phenolic or antioxidant compound i.e. Catechin and Epicatechin and small amount of dietary fibers. Both components are poorly digested and absorbed. But when they reach the colon, the desirable microbes (Bifidobacterium bacteria) take over. The fibers is fermented and large polyphenolic polymers are metabolised to smaller molecules which are more easily absorbed. These smaller polymers exhibit anti inflammatory activity.

Improve blood flow and lower blood pressure: The flavanols in dark chocolate can stimulates and endothelium, the lining of arteries to produce Nitric Oxide(NO) a gas, on the function of nitric oxide is to send signals to the arteries to relax which lower resistance to blood flow. Therefore decreases the blood pressure.

<u>Protect skin against the sun light(ultra violet ray):</u> Flavanols in dark chocolate can protect against sun-induced damage, improve blood flow to the skin and increases skin density and hydration.

Powerful source of Anti oxidant:- Dark chocolate with organic compounds that are biologically active and function as an antioxidant. These include polyphenols, flavanols, catechins among others, which includes blueberries and Acai berries. It appears to be highly protective against the oxidation of LDL (Low density lipoprotein). In the long term this should causes much less cholesterol to lodge in the arteries and we should see a lower risk of heart disease, the long term. Dark chocolate is beneficial for health and has important role in human beings.



Mangoes Effective in Preventing Cancer

Chayan Chakraborty
2nd Year

Mangoes the king of fruits, is also the king when it comes to protecting cancer. As in case with many other fruits, mother nature has entrusted each of its fruits with certain healing powers Mango is probably tops the charts when it comes to fighting cancer. Researches have shown, that's according to a new study by Texas AgriLife that not only does the mango helps protect against cancer but it can even be helpful for patients suffering from cancer. Mangoes are specifically helpful in fighting against colon, breast, leukemia or blood and prostate cancer. Mangoes contain a chemical compound called Mangiferin also known as chinonin. This chemical can restrain cancer from growing by stopping the growth of cancerous cells. The chemical kills the existing cells as well as stops their devision. At the same time it can prevent Benzopyrene the common cause of lung cancer, from inducing cancerous properties to the lung cells. Benzopyrene is one of the deadly industrial air pollutants. Apart from mangiferin, mangoes contain chemicals like Tannic acid, which can help in the fight against cancer as they can divide the cycle of the cancer cells as well. The Talcotts evaluated polyphenolics, and more specifically gallotannins as being the class of bioactive compounds (responsible for preventing or stopping cancer cells). Mangoes, as it is are very nutricious fruit it contains quite a bit of fiber, vitamin C, pectin. These by default can lower the bad cholesterol in the body and help fight vitamin C deficiency. Mangoes also contain lot of vitamin E and vitamin E is supposed to be the best option to increase the sex drive. It is best advised to consume the fruit with its fiber rather than a processed form. If required mango's pulp can be mixed with water along with additional water.

Pharmasists and Science

Arunava Mondal 2nd Year

Science have born in the human mind, when they haunted by some fierce animals and resque themselves to entered into the rocks cave and valley. Then the man has find out one after one things and matters, discovered air, sky and water, and then of course fire. That is science, now we have divided some kinds of science as pharmacology, Botany, Biology, mathematic, physics, and chemistry, ecology etc. Pharmacology makes pharmacists. After a few lacks year, man has discovered a thousands of dieses and its medicine and preventive. This is the heath science, that we called human bodies effect. Alexjander graham discovered the medicine of T.B, Dr. Jenners pox virus. Before and after meal, hard, month, washed each better the good habit or prevention, pharmacists and druggists, mades of thousands and thousands kinds of medicine very imagination that a good pharmacist, who makes various kinds of medicines.



Polycystic Ovary Syndrome

Biswajit Nath, Abhik Ghosh 2nd Year

- * Ability to have children.
- * Hormones.
- * Heart.
- * Blood vessels.
- *Appearance.

with PCOS, women tipicall have,

- * High levels of androgens. These are sometimes called male hormones, though female also make them.
- * Missed or irregular periods (monthly bleeding).
- * Many small cysts (sists) in their ovaries. Between 1 in 10 and 1 in 20 women of childhearing age has PCOS. AS many as 5 million women in the USA may be affected.

What causes PCOS?

- * The cause of PCOS is unknow. But most experts think that several factors, including genetics play a role.
- * A main underlying problem with PCOS is hormonal imbalance. The ovaries make more and rogens than affect the development and releases of eggs during ovulation.
- * Researchers also think insulin may be linked to PCOS. It increase the production of Androgen. High androgen.

levels can lead to: - Acne, Excessive hair growth, Weight gain, Problems with ovulatio Symptoms of PCOS

- * Pregnancy-induced high blood pressure.
- * Premature delivary. Does PCOS put women at risk for other health problems?
- * More than 80% women with PCOS will have diabetes or pre-diabetes before the age of 40.
- * The risk of heart attack is 4 to 7 times higher.
- * High blood pressure. * high levels of LDL and low levels of HDL.
- * Sleep apnea.

Alternative medicine: There is insufficient evidance to conclude an effect from D-chiro-inositol/Myo inositol however appears to be effective based on a systematic review.

- * Infertility (not able to get pregnent) because of not ovulating. PCOS is the most common cause of female infertility.
- * Infrequent, absent, irregular menstrual periods.
- * Hairsutism.
- * Cysts on the ovaries.
- * Depression.
- * Weight gain.
- * Patches on skin/skin tags.
- * Sleep apnea.

Continued....

How do you know if you have PCOS?

- * Medical history.
- * Physical exam.
- * Pelvic exam.
- * Blood tests.
- * Vaginal ultrasound.
- * There is no single test to diagnose PCOS.

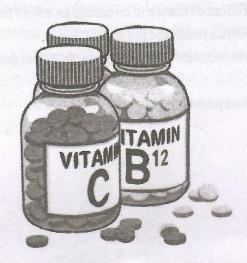
How is PCOS treated?

Because there is no cure for PCOS, it needs to be managed to prevent problems.

- * Lifestyle modification.
- * Birth control pills.
- * Diabetes medications.
- * Fertility medications.
- * Surgery.
- * Medicine for increase hair growth or extra male hormones.

How does PCOS affect a woman while pregnant?

- * Miscarriage.
- * Gestational diabetes.n.



MEDICAL PHYSICS

Adrish Ghosh 4 th Year

Medical Physics is generally speaking the application of physics concepts, theories and methods to medicine or healthcare. Medical physics departments may be found in hospitals or universities in the case of hospital work the term Medical physicist is the title of a specific healthcare profession with a specific mission statement. Such Medical physicists are often found in the following healthcare specialties: Diagnostic and interventional (also known as medical imaging), Nuclear Medicine, and Radiation Oncology (also known as Radiotherapy). However, areas of specialty are widely varied in scope and breadth e.g. Clinical physiology (also known as physiological Measurement, several countries), Neurophysiology (Finland), Radiation Protection (many countries) and Audiology (Netherlands.)

The American Association of Physicists in Medicine (AAPM) recognizes 4 major areas of Medical Physics employment and focus These are.

- 1. Diagnostic or imaging physics and radiological Sciences.
- 2. Radiation Oncology or Therapeutic physics.
- 3. Radiation Safety, radiation Protection, and Health physics
- i) Background radiation
- ii) Radiation Protection
- iii) Dosimetry
- iv) Radiological Protection of Patients.

Areas of research and academic development: Non clinical physicists may or may not focus on the above areas from an academic and research point of view, but their scope of specialization may also encompasslasersa and ultraviolet systems (such as photo dynamic Therapy), fMRI and other methods for functional imaging as well as molecular imaging, electrical impedance tomography, diffuse optical imaging optical coherence tomography and dual energy X-ray absorptiometry.

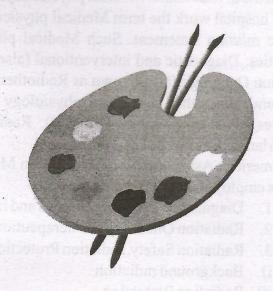
Physiological measurements have also been used to monitor and measure various physiological. May physiological measurement techniques are non-invasive and can be used in conduction with or as an alternative to other invasive are non invasive and can be used in conjunction with or as an alternative to other invasive methods: Electrocardiography. Electric current, Electromyography, Electroencephalography, Electronystagmography Endoscopy, Medical ultrasonography, Nonionising radiation (Lasers, Ultraviolet etc.) Near infraed spectroscopy, Pluse oximetry, Blood gas monitor, Blood pressure measurement.



রঙ, অতীত ও আর্মি

শ্রেয়সী কুডু (তৃতীয় বর্ষ)

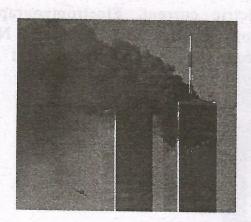
কালো মুখোশের বাড়বাড়স্ততায়-আলো আর বিকরিত হয় না, একশো শতাংশই শোষিত! আমার দুনিয়ায়, সব রঙ তোকে দিয়ে অন্ধকারের ক্যানভাস জুড়ে আমি তারা খুঁজি! সমস্ত রঙের অনুপস্থিতিতে এখন আমার নিশ্চিন্ত দিবা-রাত্রি যাপন। কত মাতাল ঘামের হিসেব জমে সেই নিঃশব্দ রাতগুলো জুড়ে, সূর্যের নীচে পেশীর ঝিলিক, একলা দিনগুলোয়! এখন আর আমি মুখোশ দেখি না। চোখ বন্ধ করে মাতাল ঘাম নিঃ শ্বাসে মাখি না। আমার দৃঢ় চোখে ঝিলিক ছোঁয় না। আলো আমি চাই না আর। চাই না মুখোশ গুলো খুলে যাক! একখানা রঙ চঙে ক্যানভাস ও দাবি করি না। আগুন চাই আমার! আগুন! ঝলসাব নিজেকে এবার। পুড়ে খাঁটি সোনা না-ই বা হলাম। গলনাঙ্কের হিসেব কে-ই বা রাখে! পুড়ে, গলে, তাপে মন্ড পাকাবে শরীর টা! শেষ হব, সেই রঙিন অতীন টুকু।



১১ ই সেপ্টেম্বর অভিশপ্ত আমেরিকা

রাকেশ শাসমল

শেষ হয়ে গিয়েছিল কিছু জানার আগেই
ঘুম চোখে কাগজের পাতায়
অস্পষ্ট মেঘে ঢাকা সাম্রাজ্য
ফুটস্ত চা -এর উষ্ণতায়
গুলিয়ে যাচ্ছিল মাথাটা এটা কি সত্য ?
আগ্নেয়ো গিরির লেলিহান শিখায়
দলা পাকানো মাংস।
কালো পাথরের টুকরো ছড়িয়ে ছিটিয়ে
(ব্যস্ত প্রশাসনের বড় কর্তরা)
দম কলের ঘন্টা, হাজারো ভীড়
জাজনের সাম্রাজ্য অস্ত্রাঘাত
কারা করল! অজানা ছিলনা কারো
সরষের ভেতরেই ছিল ভূতের বাস।।



আমার আমি

मी**भ का**ंगिल (8र्थ वर्ष)

আজ আমার আমি কতখানি, আছে জিবাশ্মের মতো গবেষণায়।। তবু ফিরিঙ্গিয়ের মতো বাসার খোঁজে ঘুরছি আমি দেশ-দেশান্তরে।। গান বেঁধেছি তানপুরাতে কিন্তু রয়েই গেল মন মাঝারে।। সন্ধ্যা হলে পাখি যেমন বাসাই ফেরে, তেমনি পিশাচদল ঝাঁপিয়ে পরে বারবনিতার সুযোগ নিতে।। তাইতো আজই জন্ম নিল মধ্যমগ্রাম-কামদুনিও, পার্কস্ট্রীটটা তো জঘন্যতার নজির দিলো।। বুদ্ধিহীনরা আজ বুদ্ধিজীবী, রাজনীতিটা অশিক্ষিতের, শিক্ষিতেরা ঘরের কোনো বেকার বসে।। অফিস তো আজ জুয়ারিদের আখড়াখানা।। অভিযোগের দাবানল আজ বরফ হয়ে সুমেরুতে।। তাই প্রশ্ন আমার শুধু এটাই আজ আমার আমি কতখানি, আছে কি শুধুই জিবাশ্মের মতো গবেষণাই ????



স্মৃতি তুমি সুন্দর

সান্তনু বসু (৪র্থ বর্ষ)

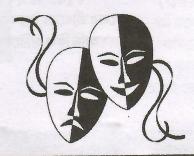


সিঁড়ি ভাঙা স্মৃতিরা আজ বৃষ্টি হয়ে ঝরছে,
বসন্ত আজ পড়ন্ত বেলায় বর্ষাকে তাই খুঁজছে
পাল্টে গেছে দিন, পাল্টে গেছে রাত
পাল্টায়নি শুধু তোমার লেখা ছোট্ট ধারাপাত
নবীন ভোরের প্রথম আলোর ছোঁয়া যেমন মিষ্টি,
তোমার জন্যই এ জগতে হয়েতো আমার সৃষ্টি
ছন্দুগুলোর ছন্দ হারিয়ে আলোর পথে ফেরা,
মোর জীবনের সপ্ত সুরে তোমায় আমায় পড়ে কিনা মান
আমি কিন্তু হারিয়ে গেছি ঐ হারিয়ে যাওয়ার বান

নিস্তব্ধ চারপাশ বয়ে যাওয়া অস্পৃশ্য বায়ুর মাঝে, পূর্ণিমার স্বজস্ত হয়ে ওঠে মায়াবী ধীরে ধীরে; আচমকা ভেঙ্গে চুরমার হওয়া স্বপ্নের দুঃখ-হতাশ ক্ষোভের প্রচন্ড আগুনে পুড়ে বিদগ্ধ হয়ে। তবুও ছাই নীল রঙা এক আশ্চর্য আকাশ পূর্ণিমার প্রতিটি রাতে। পৃড়ন্ত চাঁদের বিস্তৃত বিরহের আলো অসীমের মাঝে প্রচার করে দেয় বিচ্ছিন্নর কলক্ষ কলঙ্কিত আমার এ কলঙ্ক আজ আমারই আজকাল, আজকালকে কাছে টানে ডাক দিয়ে বারবার নিবৃত্তির ওপারে দাহকাল, দাহকাল গিয়ে মিশবে ঠিক যেখানে চলবে মহাকাল, আজকাল থেকে দাহকাল হয়ে সবশেষে সেই মহাকাল। অনেকদিন ধরে আমি হাঁটিনা বাইপাস সড়কে ভরা পূর্ণিমায়, কতদিন ধরে করিনি অনুভব এই ছাই -নীল রঙা রহস্যময় স্বাপ্নিক - আশ্চর্য রাতের আকাশের আধার। কতকাল ধরে আমি করিনি তোমার ভালোতে একটুও বাস,

একটুও বাস,
বহুদিন ধরে দেখিনা তোমায় থাকতে দাড়িয়ে সূর্যোজ্ঞবল-চিকচিকে সতেজ -সুনীল আকাশের নীচে।
মনে হয় গিয়ে এক্ষুনি ছুয়ে দিই তোমার
ভেজা চুল বয়ে পড়তে থাকা জ্বলজ্বলে
মুক্তর মতন জলের বিন্দুগুলো।
তোমার সাথে পার করা অদ্ভুত রোমাঞ্চের সেই
রোমান্টিক শেষ বিকেলটি তারপর
কোনদিনও তোমায় নিয়ে আর আসেনি ফিরে।
উহ! বিচ্ছন্নর কি তিক্ত -ঝাঁঝালো -বিযাদময় তীর বিদ্রোহ
সেই শেষ বিকেলের স্মৃতি আজ আমারই আজকাল,
তবুও আমি দূর্ভাগা-অসহায়-উদাসীন এক শৃণ্য সত্বা;
কারন আজকালকে কাছে টানে ডাক দিয়ে বারবার

নিবৃত্তির ওপারের দাহকাল, দাহকাল গিয়ে মিশবে ঠিক যেখানে চলবে মহাকাল, আজকাল থেকে দাহকাল হয়ে সবশেষে সেই মহাকাল।

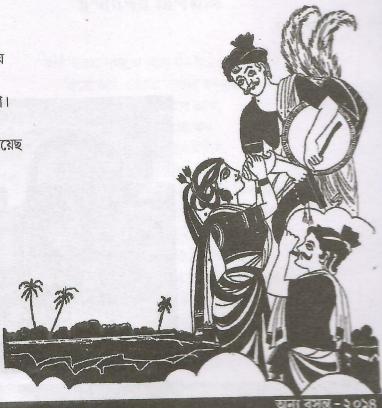


সোহাগীর দুর্গা পুজো

সৈয়দ আৰু ইকৰাল মুশেদী

আমি সোহাগী থাকি ঐ তিনকোণা পার্কের পাশের খোলা ফুটপাতে। চার বাড়ীর কাজ করি রাতে এক বাড়ীর বারান্দায় শুতে দেয়। বদলে পঞ্চাশ টাকা মাইনে কম দেয়। হ্যাঁ, আমিও স্বপ্ন দেখি সুখের স্বপ্ন দেখি স্বপ্ন দেখি একদিন আমিও বাবুদের বাড়ীর মেয়ে হবো। তাদের চকচকে গাল দিয়ে গড়িয়ে পড়া সুখ দুহাতে মেখে নিতে ইচ্ছে করে। একটুকরো ভাঙা আয়না আছে আমার তা দিয়ে শুধু মুখটুকুই দেখা যায়। শরীরটা না দেখা গেলেও বুঝতে পারি অনেককিছুই। ও বাড়ীর বৌদিটি খুব ভালো একটা লাল পাড় শাড়ী দিয়ে বলেছে পুজোয় পরিস। না, পুজো আমার ভালো লাগে না সব ফুটপাথগুলো তোমরা জোর করে নিয়ে প্যান্ডেল বানাও আমার কথা কেউ ভাবো না আর তখনই মাথার মধ্যে আগুন জুলে পুজো তো তোমাদের তোমাদের দামী জামা, চকচকে গাল গায়ে কি সুন্দর গন্ধ !

আর আমি আমার ছোট বোনটাকে আগলে নিয়ে
ঘুরে বেড়াই রাস্তায় রাস্তায়
তোমরা যখন দামী হোটেলে খাওয়া দাওয়া করো।
তখন আমার রানা হয় না
একচিলতে ফুটপাথ সেটাও যে তোমরা ছিনিয়ে নিয়েছ
বোনটা যখন আবদার করে
"দিদি কি সুন্দর মাংসের গন্ধ আসছে রে
পুজোয় একদিন মাংস রাঁধবি?"
চোখটা জ্বালা করে ওঠে
ছুটে যাই প্যান্ডেলে ...
ঠাকুরের সামনে দাঁড়িয়ে বলতে থাকি
তুই কেন সকলের মা হতে পারিস না?....



You and yours.....

Shreyashi Kundu 3rd Year.

You touch me though the soul

And beneath my existence

Your touch linger!

Underneath the glow

I'll touch your soul!

A bliss

A contentment

A serenoty

A consecrated

Such is thy inimitability

And yoy make me wholesomeAnd I flourish

To the perpetuity of life

To the divinity of love

To the veracity of hatred

And be mine!



BCDA COLLEGE OF PHARMACY & TECHNOLOGY

শুভরুত মন্ডল ৩য় বর্ষ

বারাসাত এর মধ্যস্থানে BCDA COLLEGE প্রতিষ্ঠানে
এই কলেজে অনেক কৃত্বি সুনাম অনেকখানি
অনেকদ্র থেকে পড়তে আসে কত গরীব ধনী।
পড়াশুনা, খেলাধূলা আনন্দ করে ফিরি বাড়ি
ছাত্র-ছাত্রীদের মধ্যে নেই কোন খুনসূতি, মারামারি
College এর সব মোরা ভাই ভাই
একসাথে College এ আসি, পড়ি, বাড়ি যাই
প্রধান শিক্ষক Dr. Nripendra Nath Bala মহাশয়
যাদু দিয়ে সব ছেলেদের মন করেছে জয়
College এই যাই
যুদ্ধের বিপক্ষ মোরা সবাই শান্তি চাই।
শিক্ষক-শিক্ষিকা দাদা-দিদিকে রইল আমার প্রণাম,
সহপাঠি ও ভাই বোনদের ভালোবাসা ও শ্লেহ দিলাম।



मचालित जनगान

সান্তনু বসু, ৪র্থ বর্ষ



কাষ্ঠ স্বরূপ সমাজে আজ ঘুন ধরেছে সর্বত্র
হিংসা আর বর্বরতা তাদের জলছত্র
প্রতিবাদ তার হারিয়ে ভাষা,
দেশলাইতেই দিচ্ছে ঘষা,
মোমবাতির ওই মৌনমিছিল,
মানবিকতায় পরিয়ে খিল
অন্যায়ের সাথে সঙ্গোপনে, বুনতে থাকে বিপদজাল
অত্যচারের গৌধূলী খোঁজে সভ্যতার এক অন্য সকাল।
অশ্রু ভরা ওঠে তাই হারিয়ে গেছে সহানুভূতি,
মানসিকতার ঘটেছে আজ কি নিদারুণ বিকৃতি।
সময় তাই বলবে কথা, যুক্তির আজ থমকে থাকা
প্রশ্নগুলোর উত্তরে আর সত্য কি থাকুবে ঢাকা??

একশ বছর পরে

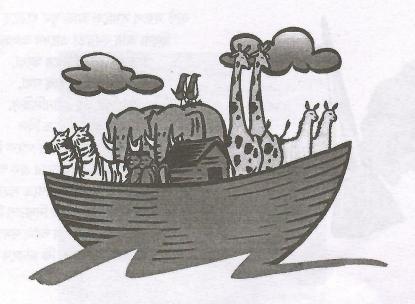
শুভম দত্ত বণিক, সৌভিক প

এটা ২০১৪ আচ্ছা ১০০ বছর পরে অর্থাৎ ২১১৪ সালে কি হতে পারে ভেবেছ তোমরা কখনো? ভাবনি তো? হঠাৎ এক হাদয়পুর ষ্টেশন যেতে যেতে আমরা ভেবেই ফেললাম তখন কিন্তু আমরা রসিকতার সাথেই ভেবেছিলাম। কিন্তু তারপর দেখলাম যে এটাতে হাসির তো কিছুই নেই যদিও প্রাসঙ্গিক ভাবনা, তাই আমরা ঠিক করলাম আমাদের কলেজ পত্রিকার এটি দিয়েই দিই। আজ বিশ্বায়ণ এর দিনে দাড়িয়ে একশ বছর পরের ঠিক এই দিনটার স্বরূপ বড়ই ভয়ঙ্কর!! প্রথমে যদি আমরা আমাদের নিকটস্থ সুন্দরী গারে সৌন্দর্যের ভয়ঙ্কর রূপের কথা চিন্তা করি অর্থাৎ তাহলে বলতে হয় যে পৃথিবীর স্বাধিক বৃহৎ ম্যানগ্রোভ অরন্যকে আমাদের ভুলে ফেহবে। সুন্দরবনে লবনাক্ত যে হারে বৃদ্ধি পাচ্ছে তাতে বন্য সুন্দর রয়েল বেঙ্গল টাইগার প্রায় বিলুপ্তর পথ কি? তাই উত্তর ও দক্ষিণ মের প্রতি বছর বরফ গলছে। তাতে ১০০ বছর পরে পৃথিবীর জলের পরিমান তুলনায় প্রায় দ্বিগুন হবে তার ভয়াবহতা কতখানি তা চিন্তা না ভাল!

যাই হোক এবার একটু প্রযুক্তির কথা আসা যাক। ইন্টারনেট ৩০ জি আর নেট স্পিড ৫০০০ এম.বি. পি.এস.। জানি হাসি পা তোমাদের।কিন্তু এটি অসম্ভব নয়।উনন্ডোজ ৩২.৬! র্য়াম ৮০ জি.বি.!হার্ডডিস্ক - ৫০০ টি.বি.! এটাতো সাধারণত পি.সি.র কথা বলছি ত ৩০ জি. ইন্টারনেট প্লান হবে ২০,০০০ টাকা! অবাক হও না বন্ধুরা! এটাই হতে চলেছে! হবে না কেন, টেকনোলজি এর কিছুই অসম্ভব ন আচ্ছা আমাদের ঘরে এখন তো এস.ডি./এল.ই.ভি. টি.ভি. এর ছড়াছড়ি। তাহলে ১০০ বছর পর টি.ভি. এই কথাটি বিলুপ্ত হয়ে যাে আনন্দের সঙ্গে জি.বাংলার রান্নাঘর ২০ লক্ষ পর্বে পৌছাবে!

এবার যানবাহনের কথাও আসা যাক! সমস্ত লোকাল ট্রেনে এ.সি. ওয়াই ফাই কানেকশন! এবং সমস্ত রাস্তায় লোকাল বাস হবে ড ডেকার! আসাযাক দুরপাল্লার ট্রেনের কথা। দুরস্ত এক্সপ্রেসের জায়গায় সব বুলেট ট্রেন! স্পিড ২৫০ কি.মি.

> তারপর ট্রেন এসে গেল। আর ভাবা হল না॥ বাকিটা না হয় পরে ভাববো!



JOKES

Subhankar Mukhopadhyay

2nd Year

1. Bablu was glad to hear that he had been chosen for an executive post at a reputed company.

Chief HR: Congrats! Your salary for first year will be Rs.60000 and the next year it will be raised to Rs.1 lac.

Bablu: Thank you sir! In that case I will join your company in the next year.

2. A man gets a call from a doctor.....

Dr.: I have some good news some bad news.

Man: Ok give me the good one first.

Dr.: The good news is that you have only 24hrs. to live.

Man: Oh no! if that's the good news, then what's the bad one?

Dr.: The bad news is that I forgot to tell you that on yesterday.

3. A young techie talking to his friend.....

Techie: I am always in facebook, Twitter, Skype, Myspace, orkut and my own blog.

Friend: Dude, do you have a life?

Techie: Oh no! Can you send me a link?

4. Prabjit: Daddy, please buy me a drum please!

Father: No, you will disturb everyone.

Prabjit: No daddy, I won't! I will only play that while everyone's asleep.

5. Son: Mom, my friend is going to visit my house today, so let's hide up all the toys.

Mother: Is your friend a thief?

Son: No mom, he'll recognize ail of his toys!

6. Teacher: Vivek, I told you to draw a bird, why is your copy empty?

Vivek: Mam, I did. But, I think it flew away!



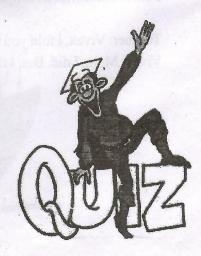
QUIZE

Monojit Adhikary

- 1. In a deck of playing cards, the King of Hearts, Spades, Clubs, Diamonds represent four great Kings, whose are they?
- 2. What is the symbol of Hinduism?
- 3. What is the meaning Doctor in Latin language?
- 4. Thumbs Up symbol was first used in which country?
- 5. At first who drew the map of moon?
- 6. Which sense is recessive during sleep?
- 7. What is the name of Indian football team?
- 8. In English language which letter is mostly used?
- 9. The word pencil comes from the Latin word 'Pencillus'. What is the meaning of Pencillus?
- 10. The statement 'Ladies first' was used first in which country?
- 11. Notion of Hand Shake was started first in which country?
- 12. Which is the smallest snake in the world?
- 13. When we whip somebody why we hear a cracking sound?
- 14. What is the biggest national establishment of India?
- 15. The word calender comes from 'Calendarium'. What is the meaning of Calendarium?
- 16. What is the smallest rail engine in the word?
- 17. what is the meaning of Good Bye?
- 18. Which place in West Bengal was known as the 'Oxford of Bengal'?
- 19. What is the meaning of Kohinoor?
- 20. In which month of Bengali year, one extra day counts during Lipyear?
- 21. What is the original name of great singer Gauhar Jaan?
- 22. The word November comes from a Latin word 'Noves'. What is the meaning of Noves?

Answers:-

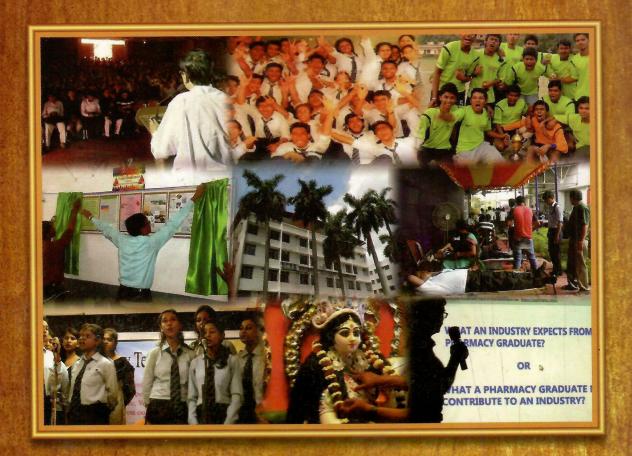
- 1. Spades-King David, Clubs-Alexander the great. Hearts-Charlemagne, Diamonds-Julius Caesar
- 2. Lion
- 3. Teacher
- 4. Rome
- 5. Johannes Hevelius
- 6. Sense of smell
- 7. Bhangra Boys
- 8. E
- 9. Small tail
- 10. Israel
- 11. Greece
- 12. Leptotyphlopes carlae(thread snake)
- 13. Because the tip of whip moves faster than the speed of sound
- 14. Indian Railway
- 15. Account Book
- 16. Fairy Queen
- 17. God be with you
- 18. Nabadwip
- 19. Mountain of Light
- 20. Falgun (in Bengali), Angelina Yeoward
- 21. Nine





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BCDA College of Pharmacy & Technology





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Arise, Awake stop not till the goal is reached
- Swami Vivekananda